

Odyssey Charter School Summer Camp- Registration Form

Please fill out all areas on this form. If there is a blank that is not applicable, please write N/A in that blank. If you have any questions about completing this form, please contact Stephanie Beckel at Stephanie.beckel@odyssey.k12.de.us or contact by phone at 302-516-8000 ex. 447. **Please send completed registration form and send deposit for weeks selected in an envelope marked ATTN: Stephanie Beckel- Summer Camp.**

Child's Information:

Child's Full Name			
Address			
City	State	Zip	Home Phone
Grade Entering	Age	Date of Birth	Gender
Primary Email Address			

Dates Attending (Please check all that apply)

June 26-June 30	<input type="checkbox"/>
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July 24- July 28	<input type="checkbox"/>
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July 10-14	<input type="checkbox"/>
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July 31- August 4	<input type="checkbox"/>
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July 17- July 21	<input type="checkbox"/>
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August 7-August 11	<input type="checkbox"/>
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August 14-August 18	<input type="checkbox"/>
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August 21-August 25	<input type="checkbox"/>
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Please check all that apply:

My child will need BEFORE CARE Services ONLY (\$35 per week, per student)	<input type="checkbox"/>
My child will need AFTER CARE Services ONLY (\$50 per week, per student)	<input type="checkbox"/>
My child will need BOTH BEFORE AND AFTER CARE Services (\$75 per week, per student)	<input type="checkbox"/>

Parent/Guardian and Medical Information: In the event of an emergency, please number, in order of priority, which phone to contact.

Parent/Guardian Full Name				
Address				
City	State	Zip	Home Phone	Priority
Grade Entering	Age	Date of Birth	Cell Phone	Priority
Place of Employment			Work Phone	Priority

Parent/Guardian Full Name				
Address				
City	State	Zip	Home Phone	Priority
Grade Entering	Age	Date of Birth	Cell Phone	Priority
Place of Employment			Work Phone	Priority

Doctor's Name	Doctor's Phone Number
Medical Insurance Provider	Policy #

Emergency names, address and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian:

Emergency Contact Name			
Address			
City	State	Zip	Home Phone
Grade Entering	Age	Date of Birth	Cell Phone

Emergency Contact Name			
Address			
City	State	Zip	Home Phone
Grade Entering	Age	Date of Birth	Cell Phone

Additional Information:

Authorized Pick-Up List (in addition to parents and emergency contacts)

Person(s) NOT Authorized for Pick-Up List (<u>appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent</u>)

Please list any ALLERGIES, severity, symptoms of reactions and treatment
Emergency Action Plan (Staff CANNOT administer medications)
Please list all MEDICATIONS taken on a daily basis
Please list ASTHMA, and/or other MEDICAL CONDITIONS

**** STUDENT TRIP PERMISSION ****

I hereby give permission for my child _____ to attend the weekly field trip, under the supervision of parent and summer camp chaperones, and I also give permission for my child to be transported, to and from the field trip location, in the school designated transportation vehicles.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

*I understand that my child will not be released to any person(s) not listed on the enrollment form.

*I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**

*I understand that it is my responsibility to sign my child in in the morning and sign my child out before leaving in the afternoon.

*I understand that I am responsible for checking food labels/assuring foods provided at camp for snacks or meals are safe for my child or I will send in safe alternatives.

*I understand there is NO nurse on duty and staff cannot administer medications.

I have read and understand the statements above regarding the policies for the OCS Summer Camp.

Parent/Guardian Signature: _____

Date: _____

Photograph Consent Form Summer 2017

From time to time, the Odyssey Charter School receives requests from the media to publicize its educational programs and student activities. The school administration also may like to photograph, quote, and videotape our students for use in school publications such as the yearbook, newsletters, calendars, and more.

Please read the selections below and check one of the boxes to give consent for us to photograph your child or to decline.

Camper's Full Name: _____

Date of birth: Grade in 2016/2017 (current) school year: _____

PLEASE SELECT ONLY ONE OPTION BELOW

I give my child permission to be photographed, videotaped, interviewed, or filmed by the media and school administration for ALL school and media use as well as for promotional or educational/training materials.	
I give my child permission to be photographed for SCHOOL USE ONLY such as the class picture and yearbook.	
I DO NOT give permission for my child to be photographed, videotaped, or interviewed at any time. I do understand my child will not be a part of the yearbook and class picture.	

Parent/Guardian Signature: _____

Date: _____