

EMERGENCY AND MEDICAL INFORMATION

IN CASE OF EMERGENCY

Name _____ Relationship: _____

Phone Number during school/camp hours: () _____

Name _____ Relationship: _____

Phone Number during school/camp hours: () _____

The following persons **ARE** allowed to pick up my child:

1. _____
Name Relationship

2. _____
Name Relationship

_____ My child has permission to go home on his/her own at the close of the program

Medical and Immunization Information:

Physician's Name: _____ Phone Number _____

Do you have health insurance? _____ Yes _____ No

Has your child been immunized? _____ Yes _____ No

Does this participant have any illness, medical problems or disabilities that may interfere with dance/sports related physical activity?

No _____ Yes _____ If yes, describe _____

Special dietary needs Explain. _____

RELIGIOUS OBJECTION: I am the parent/guardian of the child identified on the reverse side. Because of my bona fide religious beliefs and practices, I object to any immunization being given to my child.

Parent/Guardian's Signature

Date

Please list any health problems:

Illnesses: _____

Allergies: _____

Disabilities: _____

Medications: _____

NOTE: STAFF CAN NOT ADMINISTER MEDICATION TO PARTICIPANTS

Authorization for Participation and Emergency Medical Treatment

If my child, _____, should become ill or injured at the OWCAS Khepra Out of School Time (Before and After Care) Program, I understand that OWCAS will contact me immediately or contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the contact person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I grant permission for my child to participate in all activities in and around the City Neighbors Charter School as part of the Before/After Care Program as included in the program description. Further, I agree to assume all risks and liabilities associated with my child's participation in said programs and to hold the OWCAS and City Neighbors Charter School harmless from all claims which may arise as a result of such participation. I will accept responsibility for payment of medical services rendered.

Signature

Relationship

Date

Parent/Guardian's Signature

Date

PARENT AGREEMENT

STUDENT CODE OF CONDUCT

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the program schedule and direction of program staff. I will not bring electronic items and cell phone will only be used for emergency. I will respect program staff, directors, and other students by not using foul language, name calling or fighting. I will follow all safety rules set forth by the program staff.

Student's Signature: _____ Date: _____

I agree to help my child abide by this code of conduct.

Parent Signature: _____ Date: _____

ACADEMIC RELEASE

I understand that participation in this program requires reporting to funding sources on the academic results of student participants. I recognize that specific individual academic grade or individual education plan (IEP) information will not be released outside One World Cultural Arts Society. I hereby authorize the release of my child's grade reports and notification of IEP status to One World Cultural Arts Society and will provide this information when possible.

Parent/Guardian's Signature

Date

PHOTO RELEASE

Participants in OWCAS educational programs may be photographed or video taped by the media or by OWCAS staff for promotional purposes. By signing this photo release you understand that there is a possibility that your child will be photographed or video taped while participating in a OWCAS program.

Parent/Guardian's Signature

Date

PAYMENT INFORMATION

Please check the participant enrollment schedule of choice.

Parent/Guardian will be required to make payment by the 15th of every month.

REGISTRATION FEE AND FIRST MONTH'S PAYMENT DUE AT TIME OF REGISTRATION.

Registration Fee	\$25
Before Care (7am – 8am)	\$75 per month
Monday – Friday	\$255 per month
Monday – Friday before 5pm	\$205 per month
Monday – Friday before 4pm	\$195 per month
3 Days a week	\$185 per month
2 Days a week	\$145 per month
1 Day a week	\$75 per month

Drop In Care (Must be Registered with Program)
(Credit Card or Automatic Withdrawal Required) \$20 per day

Healthy Snack is included in program cost.

Sibling Discount 15% for first child
10% for each additional child

Early Bird Discount \$10 off Payment
(Payments received by the 1st of the month)

Subtotal _____

Discount _____

Payment Total _____

Remaining Balance _____

(Please check payment below)

___ Check # _____

___ Money Order in the amount of \$ _____

___ ACH (complete attached form)

___ Visa / Master Card:

Credit Card #: _____ Expiration Date: _____ Code#: _____

Name on Card: _____

Signature: _____

Office Use Only: Registrar's Initials: _____

Processing Date: _____



One World Cultural Arts Society

"OWCAS is a 501c3 organization that believes one day at a time we can educate and open your mind to the creativity breeding in our community and the world around us."

School Year – Registration Schedule Payment Agreement PLEASE READ

Program: OWCAS generally is open Monday through Friday, Before Care 7:00 a.m. to 8:00 a.m., After Care 3:00 p.m. to 6:30 p.m, Wednesday 1:00pm – 6:30pm, except on days that Baltimore City School District buildings are closed and children are not required to attend school (scheduled holiday breaks and emergency closings)

OWCAS offers After Care, when the school district buildings are open but children are not scheduled to be in class for half day (parent conference days and early dismissal).

Parent/Guardian agrees to notify OWCAS immediately in the event of a change in child's schedule, child/family information: emergency contacts, child's physician, medical information, address, telephone numbers, and parent's work place.

Program Fees and Payment: Parent/Guardian agrees to pay a contracted fee each month, which is billed in ten installments during the school year, based upon child's scheduled attendance per week.

Parent/Guardian understands that all payments are non-refundable. Parent/Guardian is responsible for payment of fees as contracted, regardless of illness of the child, or other unanticipated absence from childcare including vacations and unanticipated school closings.

Payments, along with a copy of your statement, must be received at the City Neighbors Charter School or Mailed to: OWCAS, c/o City Neighbors Charter School 4301 Raspe Avenue, Baltimore, MD 21206 . A fee of \$35 will be assessed for each returned check.

In the case where there is shared responsibility for payments, OWCAS will send the monthly statement to the parent/guardian who has contracted for care, and that person is responsible for prompt payment of the entire statement.