



## 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 at the beginning of the month.*

Healthy Snack is included in program cost.

Registration Fee	\$25
Before Care (7am – 8am)	\$70 per month
Monday – Friday	\$250 per month
Monday – Friday before 5pm	\$200 per month
3 Days a week	\$180 per month
2 Days a week	\$140 per month
1 Day a week	\$75 per month
Drop In Care	\$20 per day (Registration required)
Sibling Discount	\$25 per additional child
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:** \_\_\_\_\_

## **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 equal 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.

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.

**Late Pick-up Fee:** Parent/Guardian understands that dismissal time shall not be later than 6:30 p.m. (5:00 p.m. for children enrolled for 5pm pickup). Parent/Guardian or Parent's/Guardian's authorized representative must sign out when departing with your child. Parent agrees to pay \$10.00 for every 15-minute increment beyond normal dismissal time that your child remains at the center.

**Late Payment Fee:** Parent/Guardian shall pay monthly on the 1st of every month. If mailed, payments must be postmarked on or before the due date. A late fee of \$25 will be assessed to accounts if the payment arrives after the five (5) day grace period.

If payment is not received by the 15<sup>th</sup> of the month, your child will be dropped from the program and will be able to return once account is current.

**Withdrawal Notification:** OWCAS requires two (2) weeks written notice for withdrawal.

OWCAS reserves the right to take any and all action, legal and otherwise, deemed necessary and desirable for the collection of unpaid account balances past due. Parent/Guardian understands that such action may include reporting the account delinquency to a credit reporting agency and suspension of child care services until the balance due is paid.

Registration is not confirmed until all forms are completed and signed, and both the Parent/Legal Guardian and the appropriate OWCAS representative sign this agreement.

OWCAS reserves the right to change rates at any time with thirty (30) day notification to parents/guardians.

**This Agreement is subject to change from time to time.**

### **Monthly Payment Schedule**

#### **Due Date**

August 1  
September 1  
October 1  
November 1  
December 1  
January 1, 2010  
February 1  
March 1  
April 1  
\*May 1

*\*May 1<sup>st</sup> payment will include 9 days in June. We will not offer before and after care on the last day of school. The amount of the monthly payment due May 1<sup>st</sup> is subject to change depending on additional days added to the school schedule due to snow days.*



# ACH Authorization Form

All information on this form is required unless otherwise noted.

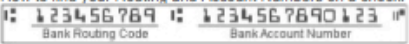
## Business Authorized to Debit/Credit Account:

Authorized Business Name	Authorized Business Phone Number
Authorized Business Address	City ST Zip

## Account Holder Information:

Account Holder Name	Account Holder DBA Name (If Business Account)	Account Holder Phone
Account Holder Address	City	ST Zip

## Account Holder's Bank Information:

Account Holder's Bank Name	Branch City	ST	Zip
How to find your Routing and Account Numbers on a check: 		<input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings	
Bank Routing Number (9 digits)	Bank Account Number		

## Transaction Information:

Goods Purchased/Services Rendered	<input type="checkbox"/> One-time <input type="checkbox"/> Recurring	
\$	Rate	
Amount of Transaction	Effective Date	No. of Transactions _____ or Open Ended <input type="checkbox"/>

## Authorization:

In exchange for products and/or services listed above the undersigned hereby authorizes:

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

Signature of Account Holder	Name/Title of Account Holder	Date
-----------------------------	------------------------------	------

ACH Processing Provided By



www.firstach.com

Better payments.