



Student Last Name	
Grade	School

2014 - 2015 Ocean Aftercare Application

STUDENT INFORMATION

One application per student. Each sibling applies separately.

Grade (circle one): Kinder 1 2 3 4 5 6 7 8

Student Last Name		First Name		MI
Gender M F	Birthdate	Grade	Teacher	
Siblings applying for aftercare, including Westchester Campus: Yes No	Sibling Name			Grade
	Sibling Name			Grade

PROGRAM SELECTION

Plan Choice(Choose one plan A - S): _____	Monthly Plan Fee \$	Days (circle): M T W Th F
Pick-up Time (circle): 3:00 pm (for Plans K - N--Gap Care--for siblings) 5 pm 6 pm		

Ocean Aftercare Plans N - K offer supervision in the kinder yard for the gap between the lower and upper grades dismissal times for families with children in both kindergarten and grades to help accommodate the staggered pick-up times on both campuses on Mondays, Tuesdays, Thursdays and Fridays. **Plans K - N** enroll MV students without sibling status if space available.

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1 Is this person a legal guardian of the child? YES NO Does the child live with this person? YES NO

Last Name		First Name	
Home Address		City	State/Zip
Home Phone	Work Phone		
Cell Phone	Email (Please print clearly)		

PARENT/GUARDIAN #2 Is this person a legal guardian of the child? YES NO Does the child live with this person? YES NO

Last Name		First Name	
Home Address		City	State/Zip
Home Phone	Work Phone		
Cell Phone	Email (Please print clearly)		

Fill in form completely. Leave no field/question blank. If not applicable, designate "n/a".

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ VIA: ☐ FAX ☐ LockBox ☐ OTHER
☐ NEW ☐ RETURN Recorded: ☐ DATABASE ☐ QUICKBOOKS ☐ ATTENDANCE

EMERGENCY INFORMATION

Medical Information

Does the student have any medical conditions the aftercare program should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Does the student take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please List:
Is the student allergic to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please List:
Please list other allergies:	

Emergency Contacts

If we are unable to reach a parent/guardian, these contacts will be called. Please make sure our contacts are aware that you are listing them. Parent/Gardian authorizes aftercare staff to contact and if necessary, release the student to any of the following:

Name		Relationship
Home Phone	Cell Phone	Work Phone

Name		Relationship
Home Phone	Cell Phone	Work Phone

**The student will not be allowed to leave the aftercare program with anyone who is not listed on this form without written permission advance from the parent/guardian. Identification will be required.*

Insurance Information

Name of Carrier	Policy No.	Identification No.
Name of Insured	Physician	Phone
Hospital preference		

MEDICAL RELEASE

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required to ensure my child's health and safety. I understand that the expense of this service will be my responsibility.

The undersigned, legal custodian of _____ a minor, hereby authorizes the Ocean Aftercare staff or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to call an ambulance to transport my child to a hospital or medical facility and to any x-ray, examination, anesthetic, medical or surgical diagnosis treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advanced any required diagnosis, treatment, or hospital care which a licensed physician or dentist my deem necessary.

This authorization is given through the provisions of Section 25.8 of the California Civil Code and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). It is understood that Ocean Charter School, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. It is further understood that the costs of paramedic transportation, hospitalization and any examination, x-ray, or treatment provided in relation to the authorization shall be home by the undersigned.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date