

DARE COUNTY SCHOOLS AFTER-SCHOOL ENRICHMENT PROGRAM (ASEP)

CHILD APPLICATION - School Year 2024-2025

To be completed, signed, and placed on file in the facility on the first day and updated quarterly or as changes occur.

Child's School (circle one) CHES FFES KHES MES NHES Today's Date _____

CHILD INFORMATION: Full Name

(Last) (First) (Middle) (Nickname)

Child's Physical Address _____

2024 - 2025 grade in school (Circle one.) K 1 2 3 4 5 Current Age _____ Date of Birth _____

Sex (circle one): Male Female Ethnic origin (circle one): Hispanic/Latino Non-Hispanic

Select Race (circle all that apply):

American Indian/Alaska Native Asian Black Hawaiian/Other Pacific Islander White

FAMILY INFORMATION: Child lives with _____

Father/Guardian's Name _____ Home Phone/Cell _____

Address (if different from child's) _____

E-mail Address _____ Employer _____ Work Phone _____

Mother/Guardian's Name _____ Home Phone/ Cell _____

Address (if different from child's) _____

E-mail Address _____ Employer _____ Work Phone _____

CONTACTS: The child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. Feel free to use another piece of paper to include additional persons authorized for pick-up.

Name	Relationship	Address	Phone

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals:

Name	Relationship	Address	Phone

List anyone with whom your child specifically **may not** be released: _____

Is there a court order of protection on file with the court? _____

(Date of Order)

(Name of Person)

** The court order is the only legal process that we have to keep children from being released to a parent.*

HEALTH CARE NEEDS: Answer all questions below or circle N/A if it does not apply to your child.

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

1. Does your child have a Medical Action Plan? Yes _____ No _____ If yes, please provide a copy.
2. List any allergies and the symptoms and the type of response required for allergic reactions.
_____ or circle N/A
3. List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.
_____ or circle N/A
4. List any particular fears or unique behavior characteristics the child has.
_____ or circle N/A
5. List any types of medication taken for health care needs.
_____ or circle N/A
6. Share any other information that has a direct bearing on assuring safe medical treatment of your child.
_____ or circle N/A

Does the child have an IEP or 504? Yes ___ No ___ If yes, please specify _____

Emergency Information:

Name of Child's Health Care Professional _____ Office Phone _____

In case of an emergency, children will be transported to the Outer Banks Hospital in Nags Head at 4800 S. Croatan Hwy., Nags Head, NC 27959 phone number 252-449-4500. If your child is typically seen at another hospital and has vital medical information on file there, please list hospital and contact information below.

Name of Other Hospital _____ Phone _____

Authorization to Seek Emergency Medical Care:

I, as the parent/guardian, authorize the Dare County Schools After-School Enrichment Program to obtain medical attention for my child in an emergency.

Parent/Guardian Signature _____ Date _____

Signature of Receipt of Documents Required for Enrollment in the ASEP Program:

I acknowledge by my signature below that I have received the following enrollment documents for Dare County Schools After-School Enrichment Programs, and they have been reviewed with me. (All documents are available at www.daretolearn.org and available in printed version upon request.) **Parent Handbook (includes Parent Participation Plan), Discipline Policy, Summary of NC Child Care Law, Tobacco and Smoking Restriction**

*I give permission for my child to attend off premises activities that do not require transportation. ASEP will give me notice of these trips one week in advance. At any time, I may withhold my child's participation in these activities.

Pick-up Tardiness Policy:

Operation hours are until 6:00 p.m. In the case of tardiness, I acknowledge by my signature below that I may be charged a late fee. I also acknowledge that my child may be dismissed from the program due to frequent tardiness.

Printed Name of Parent/Guardian _____

Signature _____ Date _____

***Medical report & immunization records for this student are on file in the school office.**