

For Office Use Only:

Deposit Paid: _____

Check/Money Order: _____



Montgomery County Schools
District Child Care Program
2017 Summer Camp Application

Student's Name: _____
Last First Middle/Nickname

Mailing Address: _____ DOB: _____ Grade: _____

School: _____ Homeroom Teacher: _____

Parent/Guardian's Name: _____

Home Phone # _____ Mom's Cell # _____ Dad's Cell # _____

Mothers Work # _____ Supervisor/Ext: _____ Place of Employment _____

Fathers Work # _____ Supervisor/Ext: _____ Place of Employment _____

List four other persons who should be contacted in case of an emergency and/or to pick-up your child.

(Aside from parent/guardians, only people listed below will be permitted to pick your child up from the after-school program)

Name: _____ Name: _____

Phone # _____ Cell # _____ Phone # _____ Cell # _____

Name: _____ Name: _____

Phone # _____ Cell # _____ Phone # _____ Cell # _____

List other siblings enrolled in the program: _____

Is your child allergic to any medications or foods? **YES** _____ **NO** _____ If so, please list _____

List physical handicaps, restrictions, and/or impairments: _____

****Cost for full-time summer care for preschool students is \$100 weekly**

You will receive one free vacation week **per year**. (You will not receive this week during the summer if already used during the school year).

Enter the date you would like to use your free vacation week: _____
(Please let your child's team leader know if changes need to be made.)

The Montgomery County School System and/or staff will not be held responsible for any expense or liability incurred by accident or illness beyond that covered by insurance that is carried by the school system. Students, their parents, and employees of the Montgomery County Board of Education are hereby notified this school district does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex or handicap in employment, educational programs, vocational programs, or activities set forth in Title IX, Title VI, & Section 504. Any person having inquiries concerning the above is directed to Richard Culross, Montgomery County Board of Education, 640 Woodford Drive Mt. Sterling, KY 40353/859-497-8760.

**CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT
AND CHILD'S MEDICAL INFORMATION**

Name: _____ for _____
 Mother Father Legal Guardian Son Daughter

of _____ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees that have been made to me as to the effect of such examination or treatment on child's condition.

We/I hereby give my consent to Montgomery County Schools Child Care Program and After School Programs who will be caring for my child _____ for the period _____ to _____ to arrange for routine or emergency medical/surgical/dental care and treatment necessary to preserve the health of my child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name: _____

Address: _____

Phone: _____

Family Physician: _____ Phone: _____

Pediatrician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Child's Allergies, if any: _____

Medical Conditions, if any: _____

Medications child is taking: _____

****A copy of your child's current up-to-date immunization must be provided to the site-supervisor within 30 days of your child's enrollment.**

I hereby authorize the program to release my child to any of the persons indicated on the contact list as authorized pick-up persons. I have read this form and I certify that I understand its contents.

Signature: _____ Date: _____
Mother, Father, or Legal Guardian
