For Office Use Only:
Registration fee paid?: Yes_____ No____

OTTUMWA COMMUNITY SCHOOL DISTRICT
YOUTH CARE PROGRAMS
ENROLLMENT FORM

Please complete the required information requested below.

Child Name	**Sex**	**Date of Birth**	**School**	**Grade**	**Any special medical, academic or behavioral considerations (IEP, 504 Plan, I-Plan, Health Plan)**
					___Yes (see attached document) ___No If status changes, please alert the PTYC Coordinator
					___Yes (see attached document) ___No If status changes, please alert the PTYC Coordinator
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					___Yes (see attached document) ___No If status changes, please alert the PTYC Coordinator

Name of Father/Guardian _____

Address and home phone_____

Employer's name, address and phone_____

Name of Mother/Guardian_____

Address and home phone _____

Employer's name, address and phone_____

Please list the days of the week your child(ren) will attend (applicable program). It is the parents responsibility to inform the site of any changes in attendance:

Before school: _____ Afterschool: _____ Summer: _____

Please check applicable days for extended care on the following occasions:

Snow days:_____ Early dismissal days:_____ No school days:_____

Date Completed:_____ **Signature** _____

****MUST BE COMPLETED PRIOR TO ATTENDANCE****

EMERGENCY CONTACTS AND TRANSPORTATION AUTHORIZATION

Name of child(ren)_____

Please list below in order of preference all adults other than parents or legal guardians previously listed*(18 years of age or older)* that you authorize to transport ot escort your child from the youth care site(s) or whom we may contact if you cannot be reached and an emergency situation develops. Each adult listed must be able to produce a picture identification upon request. It is the responsibility of a parent (guardian) to notify the youth care director of changes to this authorization.

Also, please notify the those people listed below that you have given your written permission for the youth care staff to call in an emergency when you are unable to be reached.

Name	Relationship to child	Telephone#

FIELD TRIP AUTHORIZATION

I give permission for my child(ren) _____ to attend youth care
(Please print)
activities/field trips away from the site. I understand that my child(ren) will be transported by public transportation, contractual transportation provider, and walking.

_____ _____

Signature of Parent/Guardian **Date**

MEDICAL TREATMENT AUTHORIZATION

I authorize the youth care or his/her representative to act on my behalf in case my child is a victim of an accident, injury or illness when immediate medical or surgical care is needed, provided a member of the staff made a diligent effort to first notify me of the situation and obtain my preferences. If efforts to get in touch with me are unsuccessful, I authorize duly licensed medical personnel to take such action as his/her judgment dictates.

I further agree that the Ottumwa Community School District, the Community Education Department, youth care programs, nor any person associated with them has any responsibility of any kind to me or my child/ward from any claims arising from any accident, injury, or illness which my child/ward may suffer as the result of any such health care or medical treatment.

Medical Conditions/Allergies _____

Medication Taken _____

* Additional paperwork may be required.

Physician of preference_____ Physician's Telephone_____

Dentist of preference _____ Dentist Telephone_____

_____ _____

Signature of Parent/Guardian **Date**