

Irmo Chapin Recreation Commission
2016-2017 AFTERNOON SAFARI / THERAPEUTIC RECREATION APPLICATION
Please print. Form must be filled out completely.

1. ICRC Household ID _____ (if applicable)
2. Location: My child will be picked up from the following school (please check)
- | | |
|---|---|
| <input type="checkbox"/> Ballentine Elementary | <input type="checkbox"/> Therapeutic Recreation (SOP) from Irmo Middle School |
| <input type="checkbox"/> Oak Point Elementary | <input type="checkbox"/> Therapeutic Recreation (SOP) from Irmo High School |
| <input type="checkbox"/> Chapin Intermediate | <input type="checkbox"/> Therapeutic Recreation (SOP) drop-off from _____ |
| <input type="checkbox"/> Leaphart Elementary to Seven Oaks Park | <input type="checkbox"/> Therapeutic Recreation (CCP) from Lake Murray Elementary |
| <input type="checkbox"/> Seven Oaks Elementary to Seven Oaks Park | <input type="checkbox"/> Therapeutic Recreation (CCP) from Chapin Elementary |
| <input type="checkbox"/> Harbison West Elementary to Seven Oaks Park | <input type="checkbox"/> Therapeutic Recreation (CCP) drop-off from _____ |
| <input type="checkbox"/> Chapin Elementary to Crooked Creek Park | |
| <input type="checkbox"/> Lake Murray Elementary to Crooked Creek Park | |
| <input type="checkbox"/> Chapin Middle School to Chapin Intermediate | |

3. Student #1: _____ Sex: M F Birthdate: ___/___/___ Grade ____ (2016-17)
- Student #2: _____ Sex: M F Birthdate: ___/___/___ Grade ____ (2016-17)
- Student #3: _____ Sex: M F Birthdate: ___/___/___ Grade ____ (2016-17)

4. Residence Address: _____
- City: _____ Zip Code: _____ Home Phone: _____

5. County: _____ Email Address: _____

6. Mother/Guardian's Name: _____ Employer: _____
- Work Phone: _____ Pager/Cell Phone: _____ Home Phone (if different): _____

7. Father/Guardian's Name: _____ Employer: _____
- Work Phone: _____ Pager/Cell Phone: _____ Home Phone (if different): _____

8. Emergency Contact: _____ Relation to child: _____ Phone #: _____

9. Person(s) **UNAUTHORIZED** to pick up child(ren): _____

10. Person(s) **AUTHORIZED** to pick up child(ren): _____

11. Please select one of the following payment plans for the 2016-17 school year.
- _____ **FULL TIME:** \$50/every week/child (NO CREDITS GIVEN FOR MISSED DAYS, HOLIDAYS, ETC)
Chapin Middle School Students: Full Time: \$36/every week/child;
- _____ **THERAPEUTIC REC FULL TIME:** \$30/every week/child (NO CREDITS GIVEN FOR MISSED DAYS, HOLIDAYS, ETC)
- _____ **PART TIME:** \$12/day/child (2 day, \$24 weekly minimum) \$15 for early release days and \$18 for full days. Chapin Middle School Part Time: \$9 per day (2 day/\$18 weekly minimum)
- _____ **INTERIM CARE:** \$25/week/child (pick-up by 3:40 P.M. each day)

First week's payment is due with registration. Payment is due on site by Monday of the week service is provided. A \$15 late fee will apply if payment is not received by Friday. After two weeks of non-payment, your child will no longer have a reserved place in the program. Returned checks will be submitted to the Lexington County Solicitor's Office for collection. Afterschool services will be suspended until ICRC receives payment from the Solicitor's Office. Any fines/penalties are the responsibility of the check writer. After two returned checks (per any account), payment must be made in the form of cash or money order. Late fees will apply for pick-up after 6:00 pm (6:30 pm at Chapin). \$5 for the first 1-5 minutes and \$1 per minute thereafter. Repeated non-payment, late pick-up and/or failure to notify of absences can result in the removal of your child from the program. Please refer to the Afternoon Safari policies for additional information.

12. Please provide information on allergies, medications, medical conditions, behavioral issues, special needs or other restrictions that may affect our ability to ensure your child(ren)'s safe participation in Afternoon Safari:
- _____
- _____
- _____

- 13: G and PG rated movies are occasionally offered as part of the Afternoon Safari program. **If you do NOT wish for your child to view these movies, please initial here.** _____

As parent/guardian of the above named child(ren) I have received, read, understand and agree to abide by the guidelines of this program. I understand that failure to do so can be cause for removal from the program. I am responsible for signing my child(ren) out each day and notifying program staff regarding any changes in the information provided above. I give my permission for ICRC to photograph my child(ren) and publish these images in the media and/or for publicity purposes.

Parent/Guardian Signature: _____ Date: _____ (Over)

Irmo Chapin Recreation Commission Agreement and Full Release of Liability

This Release is intended to be as complete and comprehensive as possible under the law.

- 1) I acknowledge that there are risks of physical injury to me or my minor child from participating in activities offered by the Irmo Chapin Recreation Commission. I understand these risks and have had an opportunity to inquire into these risks. I agree to release and discharge the Irmo Chapin Recreation Commission and its agents, employees and volunteers from all liability for any injury to me or my minor child from negligence. If I or my minor child becomes injured, I authorize the Irmo Chapin Recreation Commission to assist with procuring proper medical care. I understand that I am responsible for all medical costs.

Insurance Coverage:

_____ **Yes**, I do wish to purchase accident coverage at a cost of \$6.00/child.

_____ **No**, I do not wish to purchase accident insurance for my child(ren). The above named child(ren) are covered by adequate personal accident coverage. I understand that the Irmo Chapin Recreation Commission does not provide accident insurance for participants.

Child's Name _____ Age: _____

Child's Name _____ Age: _____

Child's Name _____ Age: _____

Parent/Guardian Signature: _____

Date Signed: _____ Staff/Employee Witness: _____

