



ROSCCO

SUMMER PROGRAM

FULL DAY AT: K.T. MURPHY SCHOOL
19 HORTON ST., STAMFORD, CT 06902
SESSION RUNS FROM JUNE 28-AUGUST 6, 2021

MONDAY THROUGH FRIDAY - 8:30 A.M. - 5:00 P.M. DAILY
Drop off 7:30 a.m. to 8:30 a.m. Pick up 5:00 p.m. to 5:30 p.m.

ROSCCO Full Day _____

ROSCCO SUMMER APPLICATION - 2021

Please register your child according to GRADE LEVEL IN THE CURRENT SCHOOL YEAR 2020/2021

Child's Name: _____ Birth Date: _____ Grade Level 20/21 _____

School: _____

Parent's Name: _____

Address: _____

Home Phone: _____ E-Mail: _____

Mother's Place of Employment: _____

Employer's Address: _____

Work Phone: _____ Cell Phone: _____

Father's Place of Employment: _____

Employer's Address: _____

Work Phone: _____ Cell Phone: _____

Please list two people we can phone in case of an emergency (not parents or guardians):

1. Name: _____ Phone: _____ Work Phone: _____

2. Name: _____ Phone: _____ Work Phone: _____

Child's Doctor: _____ Dr.'s Phone: _____

Does your child have any health conditions, allergies, or special concerns we should know about? No ____ Yes ____

Describe condition _____

Does your child need medication for the condition during ROSCCO Program Time? No ____ Yes ____ If you responded yes, you must provide ROSCCO with a completed Medication Authorization Form and an Emergency Health Care Plan issued by your child's physician before your application is complete and a start date issued. You must also supply the prescribed medication to the Director of the ROSCCO Summer Program before you child can begin the program.

****Turn Over*****

ROSCCO SUMMER PROGRAM

ROSCCO MEDICAL RELEASE FORM

RE: PHYSICALS AND IMMUNIZATIONS:

I understand that state law requires that licensed school age child care programs maintain a medical record, including proof of immunizations, for each child enrolled. I understand that I must provide a copy of my son's/daughter's medical record and proof of immunizations.

AGREEMENT

1. I understand that in cases of emergency, first aid will be administered and the parents or other designated, responsible individuals will be notified. No care beyond first aid (defined as immediate, temporary care given in case of an accident or sudden illness) can be given by ROSCCO staff. I give permission to the ROSCCO staff to obtain emergency medical treatment for my child at Stamford Hospital or the closest medical facility at my expense for my child. I also understand ROSCCO is not responsible for cost of emergency treatment or for medical care given by emergency medical personnel. I understand that all expenses incurred are the responsibility of the parent.

INSURANCE CARRIER: _____ POLICY# _____

PLEASE CHECK:

___ I give permission for my child to attend all scheduled summer program field trips by school bus.

___ I do not give my permission for my child to attend the field trips. I will make other arrangements for my child's care on those days.

___ I will be responsible for picking up my child between 5:00-5:30 at the end of each day. I understand that there will be a surcharge of \$1.00 per minute for children who are picked up after 5:30 and that this fee is due by the end of the week in which the late pick-up occurred.

I give ___ do not give ___ my son/daughter/ward permission to participate in a filmed or taped TV/radio/video interview for broadcast or photograph for newspaper/magazine/book publication. I understand this participation will be related to the ROSCCO programs.

RELEASE FORM:

In case I cannot pick up my child, he/she can be released to the following people (does not include parents or guardians):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent's Signature: _____ Date: _____

Child's T-Shirt Size: 6-8 _____ ;10-12 _____ ;14-16 _____ :Adult sm _____