

Irmo Chapin Recreation Commission
2018-2019 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) drop-off from _____ |
| <input type="checkbox"/> Chapin Elementary | <input type="checkbox"/> Therapeutic Recreation (CCP) from Chapin Elementary |
| <input type="checkbox"/> Irmo Elementary | <input type="checkbox"/> Therapeutic Recreation (CCP) drop-off from _____ |
| <input type="checkbox"/> Lake Murray Elementary | |
| <input type="checkbox"/> Oak Point Elementary | |
| <input type="checkbox"/> Seven Oaks Elementary | |
| <input type="checkbox"/> Chapin Intermediate to Crooked Creek Park | |
| <input type="checkbox"/> Leaphart Elementary to Seven Oaks Park | |
| <input type="checkbox"/> Harbison West Elementary to Seven Oaks Park | |
- 3. Student #1:** _____ Sex: M F Birthdate: ___/___/___ Grade ____ (2018–19)
Student #2: _____ Sex: M F Birthdate: ___/___/___ Grade ____ (2018–19)
Student #3: _____ Sex: M F Birthdate: ___/___/___ Grade ____ (2018–19)
- 4. Residence Address:** _____
City: _____ Zip Code: _____ Home Phone: _____
- 5. Email Address:** _____
- 6. Mother/Guardian's Name:** _____ Employer: _____
Work Phone: _____ Cell Phone: _____ Home Phone (if different): _____
- 7. Father/Guardian's Name:** _____ Employer: _____
Work Phone: _____ 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 2018–19 school year.**
_____ **FULL TIME:** \$55/every week/child (NO CREDITS GIVEN FOR MISSED DAYS, HOLIDAYS, ETC)
_____ **THERAPEUTIC REC FULL TIME:** \$40/every week/child (NO CREDITS GIVEN FOR MISSED DAYS)
_____ **PART TIME:** \$15/day/child (2 day, \$30 weekly minimum)
_____ **INTERIM:** \$30/every week/child (available at school sites only for Lexington Richland District 5 employees)

_____ **First week's payment is due with registration. Payment is due on Monday of each week for 39 weeks regardless of attendance. A \$5 late fee will apply if payment is not received by Friday at 6:00 P.M.** 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. Repeated non-payment, late pick-up and/or failure to notify of absences may result in the removal of your child from the program. Please refer to the Afternoon Safari policies for additional information.

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 outlined in the Parent/Child Handbook. 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:** _____

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: _____

