WARRIOR OVERTIME 5K-5TH GRADE APPLICATION

Child's Name: _____ Grade: _____ for the school year_____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Sex: ___M ___F Date of Birth: __/__/___

Please check the Warrior Overtime option below:

WARRIOR OVERTIME OPTION	Monthly (Aug-May)	Daily
☐ Before School Care ONLY	$50	N/A
☐ 5K-5th Grade	$250	$20

FOR OFFICE ONLY:

DSS Form 2900____

Registration Fee____

PLEASE CHECK PAYMENT PLAN:

☐ Bill Monthly Fee   ☐ Bill Daily Fee *(as used)*

Emergency Phone Number: _____

Custodial Father's Name: _____ Phone Number: _____

Email Address: _____

Custodial Mother's Name: _____ Phone Number: _____

Email Address: _____

Who does the student live with? _____

Copy of Child Custody decree (if applicable) or any legal papers pertaining to parent restrictions must be on file in SCA front office.

CHILDREN WILL ONLY BE RELEASED TO CUSTODIAL PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS ON THE WARRIOR OVERTIME APPLICATION.

Besides parents listed above, please list individuals that may pick up child (name and relationship to child):

(1) _____ Relationship: _____ Phone #:_____
(2) _____ Relationship: _____ Phone #:_____
(3) _____ Relationship: _____ Phone #:_____

WARRIOR OVERTIME MUST BE NOTIFIED IN WRITING OF ANY CHANGES TO THE PICK UP LIST.

List medication(s) taken regularly: _____

Are there any known Allergies? _____ if yes, please describe _____

Please list any other medical problems your child has _____

In the event of an emergency, SCA will obtain emergency medical treatment for your child. If necessary and 911 is contacted, your child will be transported to Spartanburg Regional Medical Center. The following non-prescription medications are available in the office. Please indicate which medications your child can be given:

Tylenol____ Ibuprofen____ Benadryl____ Tums____ Pepto-Bismol____ Eye Drops____ Neosporin____ Vaseline____

Parent must be contacted BEFORE administering approved non-prescription medications listed above: ☐ YES ☐ NO

Parent's Signature_____