



# Uwharrie Charter

207 Eagle Lane Asheboro, NC 27205 Phone: 336-610-0818

## **Requirements for Summer Day Care:**

1. Complete ALL enrollment sheets.
2. Custody agreements if applicable
3. Copy of parents/guardians Driver's License or Identification

Please provide ALL items listed above (as applicable) and send *one* of two ways:

\*Scan and email to [summercamp@uwharriecharter.org](mailto:summercamp@uwharriecharter.org) (preferred)

\*Mail to:

Uwharrie Charter Academy  
207 Eagle Lane  
Asheboro, NC 27205  
ATTN: Dr. Sharon Castelli

If you have any questions regarding the enrollment packet and required documentation, please contact Dr. Sharon Castelli at 336-610-0818 or [summercamp@uwharriecharter.org](mailto:summercamp@uwharriecharter.org) (email is preferred while school is in session).

## **Weeks Attending Summer Day Care (Mark all that apply):**

June 17<sup>th</sup> - June 20<sup>th</sup>

June 24<sup>th</sup> – June 27<sup>nd</sup>

July 8<sup>th</sup> – July 11<sup>th</sup>

July 15<sup>th</sup> – July 18<sup>th</sup>

July 22<sup>nd</sup> – July 25<sup>th</sup>

July 29<sup>th</sup> – Aug 1<sup>st</sup>



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## Child Information

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Goes by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/Apt#/P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Child's Cell \_\_\_\_\_ DOB \_\_\_\_\_ (mm/dd/yy)

School District of Residence:

Asheboro City Randolph Davidson Moore Chatham Montgomery Guilford  
Other \_\_\_\_\_

Gender: Male Female Ethnicity: Hispanic/Latino Non- Hispanic

Race (check all that apply):

American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander  
Black or African American White

## Parent/Guardian Information

### Guardian 1

Guardian's Name					
Relationship					
Home Phone					
Cell Phone					
Work Phone					
Mailing address					
City		State		Zip	
Email					
Employer					

### Guardian 2

Guardian's Name					
Relationship					
Home Phone					
Cell Phone					
Work Phone					
Mailing address					
City		State		Zip	
Email					
Employer					

Child resides with: \_\_\_\_\_

Custody papers should be presented if the child resides with other than biological parents.

Current School: \_\_\_\_\_ Current grade level \_\_\_\_\_

NEXT YEARS (24-25) grade level \_\_\_\_\_



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## Additional Child Information

Please circle the appropriate answer for each question. If you answer YES to any question, please explain on the line provided. If more room is needed, feel free to attach an additional sheet.

Has the child been promoted beyond his/her normal grade level? YES NO

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Does the child receive EC services of any kind during the School Year? YES NO

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Is the child in any special programs (AIG, EC, ESL etc.)? YES NO

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Does the child have any serious allergies?  
(life threatening or requiring an epi-pen) YES NO

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Does the child require medications to be given at camp? YES NO

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Are there any physical limitations that may interfere with  
the child's ability to participate in physical activities? YES NO

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\_\_\_\_\_  
Printed name of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent

\_\_\_\_\_  
Parent Signature



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## UCA Child Emergency Contact/Pick Up Information - Camp Year 2024-2025

Child's Legal Name \_\_\_\_\_

Goes by: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

\*Child's Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Gender: Male Female

\*optional for ES & MS, but recommended for HS

Child lives with, Dad Mom Both Guardian (Name): \_\_\_\_\_

Primary Contact - *other than parent* -  
Name: \_\_\_\_\_

Phone \_\_\_\_\_

**I authorize the following individual(s) to pick up my child in case of emergency and/or ride to and from day care:**

Print Name (First and Last Name)	Contact Phone Number	Relationship to Child

**DayCare email notifications: Guardian 1 Guardian 2 Both**

Physical Address if different than Mailing Address:

\_\_\_\_\_

New or Updated Legal Papers on file at UCA: Yes No Special attention:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## UCA Health Form - 2023-24

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_

It is important that the camp be aware of any special health problems your child has. Please check and explain any conditions below. If the child needs any daily or emergency medicines to be given at camp, the parent must provide the medicine and a doctor's order on the "Authorization of Medication" form that can be obtained from the Camp Office or by the doctor's office each year.

### Allergies

Meds: Yes      No

List All:

\_\_\_\_\_  
\_\_\_\_\_

### Asthma

Inhaler at Day Care:              Yes      No

Child self-cares:                  Yes      No

Date of last attack: \_\_\_\_\_

Meds (other than inhaler)

\_\_\_\_\_

### Diabetes

Insulin: Pump or Injections

Meds (other than insulin): \_\_\_\_\_

Diabetes plan on file w/ camp:    Yes      No

### Seizures

Type(s): \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Meds: \_\_\_\_\_

Seizure plan on file w/ camp:    Yes      No

Heart Problem: \_\_\_\_\_

Kidney Problem: \_\_\_\_\_

### Migraine Headaches

Meds: \_\_\_\_\_

Hearing Problems: \_\_\_\_\_

Hearing Aid:    Yes      No

### Bleeding Disorder(type):

\_\_\_\_\_

Sickle Cell Disease:    Yes      No

Gastrointestinal: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Vision Problem: \_\_\_\_\_

Glasses:                      Yes      No

Contacts:                      Yes      No

### Head Injury (concussion) in the past year

When: \_\_\_\_\_

Details: \_\_\_\_\_

Orthopedic (bone) Problem:      Yes      No

Describe: \_\_\_\_\_



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## UCA Health Form - 2024-25

Preferred Emergency Facility:

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Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has:

Health insurance

Accident insurance

Medicaid

Dental Insurance

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Authorization

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. The waiver only applies if neither parent/guardian can be reached in case of emergency.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**2024 Behavior Contract Form** for \_\_\_\_\_  
Print Child's Name

## OUR PROMISE

UCA Summer Day Care has a responsibility to our campers to create an environment that is safe, supportive, and engaging. We recognize that all children are individuals and need to be treated with respect. Therefore, our promise to you is to treat children and parents as we expect to be treated in return.

## PARENTS

As parents, we recognize the importance of our involvement in, and support of the Summer Day Care Program. It is our responsibility to ensure that our child follows behavior guidelines established for the program.

\_\_\_\_\_  
Parent/Guardian Signature

## Children

As children at UCA Summer Day Care, we have a responsibility to create an environment founded on respect and trust.

### I promise to follow these behavior guidelines:

1. Show respect for fellow campers, staff members, and anyone at UCA School
2. Follow directions given by staff members and counselors.
3. Show respect to the campus by cleaning up, not damaging property, and pitching in to help when it is needed or requested.
4. Respect fellow children and staff members by behaving in an appropriate manner, both physically and verbally, toward others.

### The following consequences will result if the student does not follow guidelines:

1. Summer Day Care staff will remove the child from the group and speak to the child about the problem. When the child understands the consequences for the misbehavior, the child may be allowed to return to the group.
2. If there is another infraction of guidelines that day, parents will be contacted about the incident.
3. Further infraction of the guidelines will result in a meeting with the parents of the child and the Summer Day Care admin team to discuss the child's continued participation in the program.

I understand that by abiding by these guidelines I will be able to participate in UCA Summer Day Care in a safe, supportive, and positive environment.

\_\_\_\_\_  
Student's Signature



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## 2024 Child Permission Form

Camper Name: \_\_\_\_\_

### Social Media and Photography Permission

I give permission for my child's photograph/video to be taken and to be potentially used in promotional materials and social media posts for UCA Summer Day Care

\_\_\_ Yes, I give permission                      \_\_\_ No I do not give permission

\_\_\_\_\_  
Parent/Guardian E-Signature for Social Media and Photography permission

### Transportation Participation Permission:

I understand that my child may have the opportunity to participate in field trips that will take him/her away from the campus. I understand that these field trips will be under the supervision of a School employee, and that students will be transported in private vehicles of a School employee, parent, or volunteer.

\_\_\_ (Initial) I consent to allowing my child to be transported in a privately operated vehicle of a Camp/School employee, parent or volunteer to and from sanctioned camp activities.

\_\_\_ (Initial) I hereby release, hold harmless, defend and indemnify Day Care/School, its agents, employees, board members, volunteers, parents, and all persons acting on its behalf, from liability or damages of every nature, kind and description arising out of personal injuries, medical treatment and/or property damage resulting from or in any way connected to transport to and from said activities.

By signing below, I affirm that I have carefully read and understand the foregoing. I expressly agree to the foregoing and I request that my child be allowed to attend trips scheduled during the Summer Camp.

\_\_\_ Yes, I give permission                      \_\_\_ No I do not give permission

\_\_\_\_\_  
Parent/Guardian E-Signature for transportation participation permission

### Sunscreen Permission:

\_\_\_ UCA Summer Day Care has my permission to apply provided sunscreen to my child as needed. Sunscreen will be in its original container, has a minimum SPF of 15 and that children over the age of 9 years-old may self-administer sunscreen while supervised.

\_\_\_ I wish to provide my child with his/her own sunscreen and do not give permission to UCA Summer Day Care to administer their own. These will be labeled with their first and last name and sent with them to camp.

\_\_\_\_\_  
Parent/Guardian E-Signature for sunscreen permission