



## The Ozone Group



**School Year 2016-17**

Dear Parent,

Thank you for considering sending your child to The Ozone Group, an organization consisting of two different clubs exclusively designed to help kids on their journey as they transition from elementary school through to high school. The Little Ozone and The Ozone are two different programs with care and consideration given to the different needs in both groups. The one thing they have in common is they are kids and they need our help each and every day to make the most of their opportunities. Each day, we'll provide transportation from school to the club, we'll work with them on their school work and provide a nutritious snack, we'll hang out playing, talking, laughing and growing together until 6:00 pm each day.

Below you'll find the instructions for completing the registration process for The Ozone Group.

In order to reserve a spot in our program we'll need you to do the following:

1. Complete the Application Form:
  - a. Please specify which program you're interested in (Full Time, Part Time or Ad-hoc)
2. Mail it or drop it off at:  
The Ozone  
11169 Air Park Rd  
Ashland, Va 23005

Please feel free to contact us if you have any questions or need any help. You can reach us by email at [inquiries@contactozone.com](mailto:inquiries@contactozone.com), or call us at 804-798-7474.

Thanks and we look forward to seeing you at the club!

Mr. O



Application

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Child's Information

Child's Name		Nickname		Date of Birth	Gender M or F
Street Address:				Home Phone	
City:		State:		Zip:	
Current School and Grade (Fall 2015)			Current Day Care Programs Child is Attending		
Previous Child Day Care Programs Attended					
Pertinent Developmental Information		Chronic Physical Challenges		Special Accommodations Needed	
Circle Program of Interest: 5 days 3/4 days 1/2 day(s)		Weekly Bi-Weekly As-Needed	Days: M T W R F Other		Transport Home? Y or N

PARENT AND/OR GUARDIAN INFORMATION

Father		Place Employed		Business Phone	
Home Address				Home Phone	
Primary Email Address			Secondary Email Address		
Primary Cell Phone			Secondary Cell Phone		
Mother		Place Employed		Business Phone	
Home Address				Home phone	
Primary Email Address			Secondary Email Address		
Primary Cell Phone			Secondary Cell Phone		

Person(s) or Agency Having Legal Custody of Child:					
Name		Place Employed		Business Phone	
Home Address				Home phone	
Primary Email Address			Secondary Email Address		
Primary Cell Phone			Secondary Cell Phone		



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**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, or Environmental Allergies with action to take in an Emergency:		
Child's Physician		Phone
Name and Relationship of Two People to Contact if Parent(s) Cannot be Reached:	Address:	Home, Work, Cell Phone
	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child:		
Person(s) <b>NOT</b> Authorized to Pick Up Child*:		

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

\*NOTE: Section 11.1-4.3 of the *Code of Virginia* states unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

1. The Ozone Group agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize The Ozone Group to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
3. The parent(s)/guardian(s) agree to inform The Ozone Group within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

**SIGNATURES**

\_\_\_\_\_  
*Parent / Guardian*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Parent / Guardian*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Ozone Administrator*

\_\_\_\_\_  
*date*



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**\*\*If parent or guardian objects to authorizing The Ozone Group to seek emergency medical care, a statement must be provided giving the objection and reason.**

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**FOR OFFICE USE ONLY:**

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

**IDENTITY VERIFICATION**

If proof of identity is required, please fill out the following:

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation Viewed	Person Viewing Documentation	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school, or the center transfers responsibility of the child directly to the school (i.e., before and after school programs). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the code of Virginia states that proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (1) shredding, (2) erasing, or (3) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



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### After School Care – Parental Agreement

Please initial beside each statement below stating your agreement with each policy and provide your signature at the bottom.

\_\_\_\_\_ I give permission for The Ozone Group to transport my child in After School Care designated vehicles for transportation from the school to the site and during field trips.

\_\_\_\_\_ I agree that The Ozone Group will notify me whenever my child becomes ill. I also agree that I will arrange to have my child picked up as soon as possible if so requested by The Ozone Group.

\_\_\_\_\_ I authorize The Ozone Group to obtain immediate medical care if any emergency occurs when the custodial parent/guardian cannot be located immediately.\*\*

\_\_\_\_\_ I agree to notify The Ozone Group within 24 hours or one business day if my child or anyone in his/her immediate household is diagnosed with any reportable communicable disease. I also agree to notify The Ozone Group if my child is absent from school and will not be picked up for the After School Care program.

\_\_\_\_\_ I understand that accidents may occur both from my child’s participation in activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release The Ozone Group, its employees, volunteers, independent contractors, directors, and agents from all liability based on any damage, loss, or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

\_\_\_\_\_ I understand that The Ozone Group operates as an after school club, and not a licensed day care. I have read the section describing this in the Parent Handbook and understand my child has the freedom to enter and leave the facility. I have discussed this with The Ozone Group and fully understand this policy and their position.

\_\_\_\_\_ I agree that I am responsible for all costs incurred in the care of my child while at The Ozone Group. Any items that are disputed on a statement must be acknowledged in writing, within 30 days of receipt of the given statement.

\_\_\_\_\_ I agree/ disagree (**please circle one**) to allow my child to be photographed while at The Ozone Group and the picture to be used in Marketing materials or newspaper articles.

\*\* If there is any objection to seeking emergency medical care, a statement should be obtained from the custodial parent/guardian that states the objection and the reason for this objection.

If there are any questions, please contact The Ozone Group at (804)798-7474.

\_\_\_\_\_  
Custodial Parent/Guardian signature

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodial Parent/Guardian Printed Name



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### Child Background Form

In an effort to get to know your child as quickly as possible, we would appreciate your completing the following information. We will make every effort to abide by your preferences, especially in the areas of internet and cell phone usage, and we will try to make every day here at The Ozone Group a positive one for your child. We encourage you to let your child fill out the form and you review it.

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

Nickname \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School attending \_\_\_\_\_ Grade level \_\_\_\_\_

LIKES: (i.e. Food, activities, social, etc)

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

DISLIKES: (i.e. Food, activities, social, etc)

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

Extra-curricular involvement:

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

Other interests:

\_\_\_\_\_

Please circle the following:	Cell phone usage ok?	Y	N	
	Internet usage ok?	Facebook	Y	N
		Twitter	Y	N
		Instagram	Y	N
		SnapChat	Y	N
		MineCraft	Y	N
		Other?	_____	