



Entrance Date: _____ Withdrawal date: _____

Child's Name: _____ Sex: _____ Age: _____ DOB: _____

School: _____ Grade: _____

Home Address: (Street) _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

This email address will be used for all Oasis updates and announcements.

In Case of an Emergency a phone number that you would like for us to call first: _____

Father's Name: _____ Home / Alt. Phone: _____

Father's Home Address (if different than Child's): _____

City: _____ State: _____ Zip: _____

Father's Place of Employment: _____ Work Phone: _____

Employer's Street Address, City, State, Zip: _____

Mother's Name: _____ Home / Alt.: _____

Mother's Home Address (if different than Child's): _____

City: _____ State: _____ Zip: _____

Mother's Place of Employment: _____ Work Phone: _____

Employer's Street Address, City, State, Zip: _____

Your child's safety is really important to us. Please fill the next part out as detailed as possible.

Child's Living Arrangements: (Check One) () Both Parents () Mother () Father () other

Child's Legal Guardian(s): (Check One) () Both Parents () Mother () Father () other

Please list below any person that your child may not be released to:

PLEASE NOTE: Unless we have a court documentation, Oasis cannot refuse biological parent pick up.

(Please explain what you would like us to do if they show up. Ex. Call Police, Call you as the guardian)

*Name: _____ Relationship to Child: _____

Address: _____

Steps to take if this person comes. _____

*Name: _____ Relationship to Child: _____

Address: _____

Steps to take if this person comes. _____

Please indicate below who your child may be released to and their address. (Other than Parents)

*Name: _____ Relationship to Child: _____

Address: _____

Phone #: _____ Relation to Parent or Guardian: _____

Other Identifying Information (if Any): _____

*Name: _____ Relationship to Child: _____

Address: _____

Phone #: _____ Relation to Parent or Guardian: _____

Other Identifying Information (if Any): _____

*Name: _____ Relationship to Child: _____

Address: _____

Phone #: _____ Relation to Parent or Guardian: _____

Other Identifying Information (if Any): _____

PARENTS PLEASE NOTE THAT THIS IS THE PAGE WE FILE AND GRAB IN EMERGENCIES. PLEASE FILL OUT IN ORDER WHO YOU WOULD HAVE US CALL.

***Name:** _____ **Relationship to Child:** _____

Phone #: _____ Alt. # _____

***Name:** _____ **Relationship to Child:** _____

Phone #: _____ Alt. # _____

***Name:** _____ **Relationship to Child:** _____

Phone #: _____ Alt. # _____

***Name:** _____ **Relationship to Child:** _____

Phone #: _____ Alt. # _____

***Name:** _____ **Relationship to Child:** _____

Phone #: _____ Alt. # _____

If for any reason we do have to contact your child's doctor, please fill out the following.

Child's Doctor or Clinic Name: _____

Doctor / Clinic's Phone Number: _____

Child's Hospital that you would like them to go to in case of an emergency: _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: _____

I have received a medical form from the Assistant Director of Solid Rock and explained to her any medication that needs to be given to my child if necessary. () Yes () No

I understand that if any medication has been given to my child I will be contacted before it has been administered unless other arrangements have been made. () Yes () No

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's Name) _____ Date of Birth _____
suffer an injury or illness while in the care of Oasis Child Enrichment Center and the facility is unable to contact
me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be
necessary. I (We) shall assume responsibility for payment for services.

Parent / Guardian: _____

Date: _____

Facility Administrator / Person – In – Charge: _____

Date: _____

Billing

_____ I understand that the Oasis Child Enrichment Center agrees to provide care for my child from Monday – Friday from 2:30 PM to 6:00 PM for after school program during the school year and 12:30 PM to 6:00 PM on early release days. For our morning Middle School program (when applicable) the hours are 7:00 AM to 8:45 AM. OCEC reserves the right to charge a fee of \$1.00 a minute for any student left here after 6:00 PM.

_____ I understand that weekly payment are due every Friday **prior to the week of service**, and monthly payments are due on the **first of every month**. If the first falls on the weekend then the payment is due on the **Friday before the first**.

_____ I understand that there is a grace period of one business day for payments; after that there will be a **\$10.00** that will be added.

Field Trips

_____ I do / do not give my permission for my child to participate in field trips and special activities away from Oasis. I understand that I will be notified in advance of any instances in which my child will be taken from the campus, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the campus.

Activities Planned Outside the Fenced Area of the Facility

_____ I do / do not give my permission for my child to participate in activities planned outside the school's fenced area of the playground. This includes but not limited to nature walks, field days, clubs, (baking, sports, movies in the downstairs sanctuary) fall festivals, etc. I understand that these activities will be planned ahead of time (on the teacher's weekly schedule) and closely monitored by at least two staff members. (The ratio of children to staff will be always be followed).

Water Related Activities

_____ I do / do not give my permission for my child to participate in water related activities.

Media Authorization

_____ I do / do not give my permission for my child to be photographed or videotaped by Oasis. I understand that the photographs and/or videos may be used for public display including but not limited to Oasis displays, advertising, newsletters, and promotional materials, bulletin boards, or end of the year scrapbooks.

Child Abuse/Neglect

_____ As a child care provider, Oasis is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than accidental means by a parent, guardian or caretaker, to the proper authorities. Oasis will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring in the home.

Change of Status

_____ I agree to notify Oasis immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, and shot records etc.

Parent Handbook

_____ I have received an Oasis Parent handbook, and been informed that if I have any questions at any time I may contact the office of Oasis.

Parent/Guardian Signature: _____ **Date:** _____

Director's or (Person in Charge) Signature: _____ **Date:** _____