



OASIS MIDDLE SCHOOL CITY OF CAPE CORAL

OMS AFTER CARE PROGRAM 2022-2023

2:20 pm – 4:20 pm

Fee-Based Program Registration

NOTE: Please 1st confirm with Mrs. Foster or Mrs. Heimberg if there is availability. Once confirmed, submit the completed registration form and payment BEFORE your child starts our program. We thank you in advance!

Name _____ Birthdate _____ Grade _____

Parent/Guardian 1 _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Email _____ Cell Phone _____

Parent/Guardian 2 _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Email _____ Cell Phone _____

Child lives with: Both parents/guardians _____ Parent/Guardian 1 _____ Parent/Guardian 2 _____

Person(s) other than parents/guardians who may pick up your child from our program:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

*Person(s) who **MAY NOT** pick up your child from our program:

I give my child, _____, permission to participate fully in the OMS After Care Program. I am aware of the rules of the program. I understand that the weekly tuition is due the week of participation.

The weekly fee for the program will be \$25 for the first child; each additional child will be \$12.

Parent/Guardian Signature _____ Date _____

My child has permission to watch G/PG/PG-13 movies during the OMS After Care Program. _____
Parent/Guardian Initials