



OASIS AFTER CARE PROGRAM 2023-2024

2:20 pm – 4:20 pm

Fee-Based Program Registration

**Note:** Please 1<sup>st</sup> confirm with Mrs. Foster if there is availability. Once confirmed, submit the completed registration form and payment BEFORE your child starts our program. 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: \_\_\_\_\_

Allergies or other information I should know about your child:

\_\_\_\_\_

How often will your child attend 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