



OASIS MIDDLE AFTER CARE PROGRAM

2:20 – 4:15 p.m.

Fee-Based Program Registration

2019-2020

Name _____ Birthdate _____ Grade _____

Mother _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Cell Phone _____

Father _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Cell Phone _____

Child lives with: Both parents _____ Mother _____ Father _____

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

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

*Person 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 \$15 for the first child; each additional child will be \$7.

Parent Signature _____

Date _____

My child has permission to watch G/PG/PG-13 movies during the OMS after care program _____.

Parent Initials