



**A.S.I.S.**  
FOUNDATION OF NC  
Opportunities For Achieving Structure,  
Independence & Self-Awareness

OFFICE USE ONLY

Track-Out       Summer Camp  
 School's Out       After-School  
 Before-School       Other: \_\_\_\_\_

YEAR: \_\_\_\_\_

\$35 Enr Fee paid: \_\_\_\_\_ Method: \_\_\_\_\_  
By: \_\_\_\_\_

## ENROLLMENT PACKET

Name of Child (1): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_

Name of Child (2): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_

Name of Child (3): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_

Home Address: \_\_\_\_\_

### **PARENT/ GUARDIAN INFO**

Mother/ Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/ Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized for Pick Up: Mother Y\_\_ N\_\_ / Father Y\_\_ N\_\_

### **AUTHORIZATION FOR CHILD PICK-UP**

List the name, other than yourself, of at least one person (over 18 years old) who is authorized to pick up your child from the facility. Staff will not release a child to anyone who is not authorized. Please be prepared to show your ID when picking up your child. This is for the safety of your child. **If anyone else is picking up your child, please notify the staff in writing, on or before the day in question.**

Name \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

**There will be a \$5 charge for every 5 min. that your child remains at the facility beyond end of program day.**

**O.A.S.I.S. Outreach, Inc. & O.A.S.I.S. Foundation of NC**

**P.O. Box 19374, Raleigh NC 27619**

**Main: 919-827-3256 Fax: 1-888-310-8767 www.OASISOutreachInc.com**

**PERMISSION TO TRANSPORT & EMERGENCY MEDICAL CONSENT**

***Please complete one form for each child***

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Co & Policy #: \_\_\_\_\_

I, \_\_\_\_\_, guardian/legally responsible adult, give permission for *O.A.S.I.S. Outreach, Inc. (O.A.S.I.S.)* to transport and sign consent for emergency medical care for the following child: \_\_\_\_\_. It is understood that *O.A.S.I.S* staff will attempt to locate me, or another legally responsible adult, as quickly as possible in the event of an emergency situation. I agree to hold *O.A.S.I.S.* and its staff, harmless of any liability that results from the provision of transportation and/or medical coordination. In a medical or health emergency, I authorize staff to administer first aid, if necessary and contact the emergency contact person listed below.

**Emergency Contact Information:**

Name of Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Medical History:**

- Known Allergies: \_\_\_\_\_
- Medical Conditions: \_\_\_\_\_
- Current Medications: \_\_\_\_\_

For what illness/ condition? \_\_\_\_\_

- Physical Disabilities: \_\_\_\_\_
- Mental Disabilities: \_\_\_\_\_
- Currently under a doctor's care? \_\_\_\_\_
- Previous hospitalizations or operations? \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Medical Provider:**

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**GENERAL PERMISSION FOR ALL ACTIVITIES**

***Please complete one form for each child***

I, \_\_\_\_\_, guardian/legally responsible adult, give permission for the following child: \_\_\_\_\_ to participate in the activities scheduled by *O.A.S.I.S.* while my child is enrolled in any program. I agree to hold *O.A.S.I.S.* harmless from any liability that results from the provision of transportation. I understand that *O.A.S.I.S.* and its staff will abide by all the safety rules when my child is being transported in a vehicle. I also give my child permission to play outside the building in a safe and supervised environment.

Parent/ Legal Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

**MOVIE AUTHORIZATION**

I give permission for my child to watch movies that are G and PG rated, on and off site.

Parent/ Legal Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

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**POLICY AGREEMENT/ TRANSPORTATION POLICY SIGNATURE PAGE**

***Please complete one per child***

I, as the parent/guardian, have read the Policy Agreement & Transportation Policy and I accept the conditions and terms stated herein.

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

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date