



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.

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 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:** _____

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 _____

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: _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

CONSENT TO RELEASE EDUCATION INFORMATION

(Mandatory for all students attending the After-School Program only)

Please complete one per child

By signing this form I, _____, authorize my child's school to release information related to the education and behavior of my child in the school setting. I understand that the information obtained may be used to assess my child's progress, needs and challenges and determine program efficiency with the O.A.S.I.S. After-School Program.

This consent is effective one year from the date that it is signed unless the parent/legally responsible adult revokes the consent in writing. The parent/legally responsible adult may revoke this consent at any time.

Child's Name: _____ Grade: _____

School Attending: _____ Phone #: _____

School Address: _____

(Circle One) Traditional Year-Round / Track: _____ Modified

(1) Teacher Name: _____ Subject: _____

Email Address: _____

(2) Teacher Name: _____ Subject: _____

Email Address: _____

(3) Teacher Name: _____ Subject: _____

Email Address: _____

(4) Teacher Name: _____ Subject: _____

Email Address: _____

**PLEASE ATTACH THE LAST REPORT CARD AND EOG SCORES ALONG WITH ANY OTHER
RELAVANT INFORMATION THAT MAY BE BENEFICIAL IN MONITORING YOUR CHILD'S
PROGRESS**

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____