



A.S.I.S.
OUTREACH, INC.
Opportunities For Achieving Structure,
Independence & Self-Awareness

OFFICE USE ONLY

☐ Track-Out ☐ Summer Camp
☐ School's Out ☐ After-School
☐ Other: _____
YEAR: _____ PAVE SE CFBC
\$25 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: _____

O.A.S.I.S. OUTREACH, INC.

P.O. Box 19374, Raleigh NC 27619 | 509 Hilltop Drive, Raleigh, NC 27610
919-827-3256 1-888-310-8767 (fax) www.OASISOutreachInc.com

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

HOURS OF OPERATION

Before-School care opens at 7am, Monday through Friday.

The *After-School Program's* hours are Monday through Friday. Dismiss at 6:15pm.

School's Out Days (Teacher Workdays, Holidays, Spring Break, etc.) hours are 7am – 6:15pm.

Early Release Days hours are 12:30pm – 6:15pm.

The *Summer Camp Program's* hours are Monday through Friday from 7am-6:15pm.

PARENTAL INVOLVEMENT

Parents are encouraged to complete at least 8 hours of volunteer work with O.A.S.I.S. Summer Camp, After-School Program and/or fundraising efforts throughout the year. *O.A.S.I.S.* will facilitate workshops and host events throughout the year that are designed to enhance the lives of the families and the community we serve. Written authorization and adequate documentation (EOG scores, report cards, disciplinary reports) will also be required that allow *O.A.S.I.S.* staff to maintain contact with each child's teacher/ school personnel, as necessary, to assess needs and monitor progress.

ATTENDANCE

Please contact the program's administrator before 9am if your child will be absent for any reason.

ARRIVALS & DEPARTURES

Each child's safety is very important to us. Each day, your child must be signed in and/or out of the program by an authorized adult (at least 18 years old) that is listed on the authorization form. In the event someone other than the parent or an authorized individual is scheduled to pick up your child, please inform staff, in writing, prior to departure time. **YOUR CHILD WILL NOT BE RELEASED FROM THE FACILITY WITH AN UNAUTHORIZED PERSON.**

If your child has not been picked up by 6:15pm a \$5.00 late fee will be charged for every five (5) minutes thereafter. If your child has not been picked up within 15 minutes after the hour:

1. Staff will contact the child's parent/guardian on all phone numbers listed. If the parent/guardian can not be reached:
2. Staff will contact the other authorized persons, listed on the authorization form, and request that they pick up the child. If every effort has been made and the child still has not been picked up within 30 minutes after the hour:
3. Raleigh Police Department must be contacted and assistance will be requested at that time.

MEALS/ SNACKS

Summer Camp Participants: Each child will be served breakfast, lunch and an afternoon snack. Children are more than welcome to bring their own lunch.

After-School Participants: Each child will be provided with one snack each day.

Please assure that accurate food allergies are listed on the Permission to Transport & Emergency Medical Consent form. Refrigerators are available, however microwaves are not.

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ADMISSION

Due to limited availability, spaces are filled on a first-come, first-serve basis. Parents are required to complete an enrollment packet and policy agreement and pay a \$25 non-refundable enrollment fee. *Currently, our before-school care is \$25/week while our after-school program is \$40/week. Our Summer Camp is \$65/week with a \$5 sibling discount for each additional child.* All three pages in the Enrollment Packet (Enrollment Form, Permission to Transport/Emergency Medical Consent and General Permission/Movie Authorization) must be completed with signatures as well as the last two pages of the Policy Agreement (Photography Waiver/Transportation Policy and Consent to Release Education Information). The signed forms along with the enrollment fee and first week's payment must be submitted before your child can attend the program. Payments can be made on a weekly, bi-weekly or once per month. All payments must be made on or before the first day your child may participate in the program. **All payments are NON-REFUNDABLE.**

TERMINATION

In some instances it may be the decision of O.A.S.I.S. and its administrators to terminate a child's participation in our program. This decision is based on, but not limited to the safety and best interest of your child, other children and the overall operation of the program and the facility. Please give advance notice if you plan to withdraw your child from any program. There will be no refund of any fees as a result of termination from any program.

PAYMENTS, CANCELLATION & REFUND POLICY

The weekly balance for the all programs are due the 1st day of each week/month that your child is attending. Current payment methods accepted are Cash, Personal Checks, PayPal, Cash App, Certified Check or Money Orders. A \$25 fee will be charged for all returned checks. Personal checks will no longer be accepted after 2nd NSF fee has been charged. All program dates are subject to change or cancel due to make-up days, inclement weather, change in the school system's calendars, enrollment or any other event is beyond our control. If this occurs, any fees paid for any program during those dates will be credited to another week of the program. Payments may be credited to accommodate unforeseen extreme illness, injury, or emergency situations. **A \$5.00 late fee, per child, will be assessed for each week/month that any payment is more than 2 days late. All fees are non-refundable. O.A.S.I.S. does not prorate our weekly fees, nor provide a credit if a student does not attend a full week.** This allows us to keep our overall rates low and affordable.

VANDALISM AND PROPERTY DAMAGE

Parents of the children who vandalize or destroy the property will be required to pay for the losses and damages. Damage often results from horseplay in the facility and children/parents are liable for either accidental and/or malicious damage.

MEDICATION ADMINISTRATION

Medication can be administered to those children who need it in the event of emergencies. The Permission to Administer Medication form must be filled out for each medication to be given. The staff will administer medication as specifically directed. The administration of medication will be documented. Please document all children with food allergies, insect sting allergies, etc. on the Emergency Medical Consent form.

CHILD ABUSE & NEGLECT

By North Carolina law, all staff are required to report suspected cases of child abuse/neglect. If such cases arise, the alerted staff member will report to the appropriate management personnel of O.A.S.I.S. That member of management will then notify the Child Protection Services of the Wake County Department of Social Services.

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NO SMOKING POLICY

Our facility is a Smoke-Free Environment. To ensure the safety and comfort of the students and staff, our no smoking policy is strictly enforced. Smoking is not allowed anywhere on the premises.

ACCIDENTS & EMERGENCIES

O.A.S.I.S. staff will provide medical care as permitted by Basic First Aid Certification. There will always be at least one staff member present at all times trained in Basic First Aid and CPR. A First Aid kit is available to staff at all times. In the event of an injury your child will be treated with first aid and the incident/accident will be documented and reported to the parent at the end of the day. In the event of a medical emergency, staff members will contact an ambulance and then contact the child's parent and doctor. If it is necessary to transport your child to the hospital, a staff member will remain with your child at all times.

HEALTH & SAFETY GUIDELINES

In order to secure the health and comfort of all children and staff involved in the program, a parent will be contacted to pick their child from the program if they exhibit any of the following conditions:

- Temperature of 100.6 or higher (a child should remain at home for 24 hours after the temperature has returned to normal);
- Nausea, vomiting;
- Severe headache;
- Diarrhea;
- Red, watery eyes with yellowish discharge;
- Undiagnosed rash
- Head lice (Student will need to be checked upon returning to camp to control outbreaks in the camp.)
- Lesions or wounds with bleeding or oozing
- Constant coughing or running nose
- Conditions requiring one-on-one care
- Any contagious illnesses
- The child may return to the program after illness if they meet the following conditions:
 1. No fever, vomiting, or diarrhea for 24 hours
 2. Taking of antibiotic medication for contagious infection for 24 hours prior to return
 3. Free of open, oozing skin conditions
 4. Appropriate treatment of infestations
 5. In the event of a reportable contagious disease, we will require a note from a healthcare provider stating that the child is no longer contagious.

Most importantly, your child should feel well enough to participate in all programs and activities, including outdoor activities.

PHOTOGRAPHY WAIVER

Pictures may be taken of my child while participating in *O.A.S.I.S.* activities and may be used for program publicity.

DISCIPLINE POLICY

O.A.S.I.S. is committed to a structured, safe and supervised experience. The purpose of discipline is to teach children self-control and acceptable social behavior. When discipline is necessary we will follow these guidelines:

- Use positive guidance
- Set clear limits to allow the child to regulate their behavior

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- Redirect the child to another activity
- Help children recognize their feelings and the feelings of others
- Use natural and logical consequences in response to negative behavior (provided no harm will come to the child)
- Remove child to a separate area as a Place of Peace in which we can brain storm ideas for problem solving. The staff will model proper behavior for the children and give instruction on how to behave in the facility and amongst the group.

NO CHILD WILL BE PHYSICALLY RESTRAINED UNLESS IT IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF THAT CHILD, OTHER CHILDREN OR ANY ADULTS. UNDER NO CIRCUMSTANCES WILL PHYSICAL CONTACT, ABUSIVE OR HUMILIATING WORDS BE USED TO DISCIPLINE A CHILD.

ANTI-BULLYING POLICY

O.A.S.I.S. is committed to making our students remain in a physically and emotionally safe environment. We will treat each other with respect, and we not tolerate bullying of any kind at our program. Per NC SB526, the following are the responsibilities of O.A.S.I.S. staff/volunteers when observing bullying during any programming hours.

Definition: Bullying happens when someone keeps hurting, frightening, threatening, or leaving someone out on purpose. Bullying is unfair and one-sided.

Bullying behaviors include the following:

- Hurting someone physically by hitting, kicking, tripping, or pushing
- Stealing or damaging another person's things
- Ganging up on someone
- Teasing someone in a hurtful way
- Using put-downs, such as insulting someone's race, religion, or making fun of someone for being a boy/girl
- Limiting a student's access to educational tools
- Spreading rumors or untruths about someone
- Leaving someone out on purpose, or trying to get other kids not to play with someone

Students at O.A.S.I.S. will do the following things to prevent bullying:

- Treat each other respectfully
- Refuse to bully others
- Refuse to let others be bullied
- Refuse to watch, laugh, or join in when someone is being bullied
- Try to include everyone in play, especially those who are often left out
- Report bullying to an adult

Teachers and staff at O.A.S.I.S. will do the following things to prevent bullying and help children feel safe at program:

- Closely supervise students in all areas of the program and playground
- Watch for signs of bullying and stop it when it happens

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- Any student who feels that he/she is being bullied should immediately contact their teacher or the principal (and/or designee).

O.A.S.I.S. Anti-Bullying Pledge: We will not accept bullying at O.A.S.I.S.

Our goal is to create a safe, caring, respectful program environment. We agree that it is everyone's responsibility to STOP bullying! It is up to each of us to make sure that bullying does not happen at O.A.S.I.S.!

We Will:

- Treat others with fairness and respect.
- Find ways to help others join games and activities.
- Speak out against bullying.
- Refuse to let others be bullied.
- Report-up bullying to an adult.
- Refuse to bully others...ever!
- Help others feel safe and comfortable at our program.
- Be respectful program citizens who are part of the solution.

INTERNET AND ELECTRONICS USAGE POLICY

- The program does not authorize any use of the network/on-line service that is not conducted strictly in compliance with this policy. Your signature on this document indicates that you have read the terms and conditions carefully and understand their significance.
- The program believes that on-line services (Internet) offer vast, diverse, and unique resources for students, teachers, and other users. Our goal in providing this service to staff and students is to promote educational excellence in programs by facilitating resource sharing, innovation, and communication.
- It is the policy of O.A.S.I.S. to: (a) prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications; (b) prevent unauthorized access and other unlawful online activity; (c) prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; and (d) comply with the Children's Internet Protection Act (CIPA) [Pub. L. No. 106-554 and 47 USC 254(h)].
- Users who disregard the network/on-line services use policy and regulations may have their use privileges suspended or revoked and may be subject to other disciplinary actions. Users granted that access to the internet through the program assume personal responsibility and liability, both civil and criminal, for uses of the Internet not authorized by program policy.
- Congress enacted the Children's Online Privacy Protection Act (COPPA), 15 U.S.C. 6501 et seq (COPPA) in 1998. COPPA required the Federal Trade Commission to issue and enforce regulations concerning children's online privacy. The Commission's original COPPA rule became effective on April 21, 2000. The Commission issued an amended Rule on December 19, 2012 that became effective on July 1, 2013. O.A.S.I.S Foundation of NC works diligently to comply with COPPA.

STAFF REQUIREMENTS

All *O.A.S.I.S. Outreach, Inc.* staff have had criminal background record checks completed prior to hire, have agreed to random drug screenings and have had sufficient experience with working with children of all ages in similar settings.

O.A.S.I.S. Outreach, Inc. does not discriminate on the basis of gender, sexual orientation, race, color, religion, disability, nation or ethnic origin in admissions or in our employment policies. Admissions is on a first come, first served basis. We reserve the right to cancel or alter any programs. When programs reach maximum capacity, additional children will be placed on a waiting list for the next available openings.

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TRANSPORTATION POLICY

To ensure the safety of your child, other children and the bus drivers; students must behave on the bus. Students will be suspended off the bus, for a period of one day to permanently, if they do any of the following on the bus:

- Yell, scream
- Fighting or hitting another student
- Inappropriately touching another student
- Putting their head, hands out of the window
- Getting up out of their seat while the bus is moving
- Eating or drinking on the bus
- Pushing others when entering or leaving the bus
- Playing on the bus
- Throwing trash, paper or other objects
- Failure to observe safety rules and regulations as described to them by the bus driver
- Profane or abusive language
- Opening the bus door
- Bringing weapons on the bus
- Vandalism or tampering with bus equipment
- Other behavior distracting to the driver

If there is a transportation concern or bus emergency, please call:

LYNELL COSTON, DIRECTOR @ 919-827-3256

DO NOT call your child's school related to After-school program transportation issues.

This document is not intended to address ALL transportation concerns, but to provide guidelines to safely and successfully deliver our children between school and the program.

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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: _____

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
RELEVANT INFORMATION THAT MAY BE BENEFICIAL IN MONITORING YOUR CHILD'S
PROGRESS**

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____