



1872 Highway 471  
Brandon, MS 39047  
601-829-1277  
e-mail: [oakafterskool@aol.com](mailto:oakafterskool@aol.com)

### **AFTER SKOOL APPLICATION**

#### **Child's Information**

Child's Full Name \_\_\_\_\_ Goes by \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

#### **Parent's Information**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Place Of Business \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### **EMERGENCY CONTACTS**

(each child must have 2 contacts other than parents)

Contact's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

#### **Child's Behavior Information**

Allergies and Reactions \_\_\_\_\_  
\_\_\_\_\_

I have received a copy of Oakdale After Skool's Parent Handbook and a summary of the Department of Health Regulations and agree to abide by all policies and fees set forth.

Date of Application \_\_\_\_\_ Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_ Date starting Day Care \_\_\_\_\_ Withdrawal Date \_\_\_\_\_  
Reason for withdrawal \_\_\_\_\_

**Oakdale After Skool**

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**YEARLY UPDATED AUTHORIZATIONS**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Pick Up and Drop Off**

The following people may pick up and drop off my child at Oakdale After Skool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**Photography Permission**

I, \_\_\_\_\_ (parent's name) \_\_\_\_\_ do \_\_\_\_\_ do not give permission for my child, \_\_\_\_\_ to be photographed or videotaped at Oakdale After Skool, or while on field trips.

Signature \_\_\_\_\_ Date(mm/dd/yy) \_\_\_\_\_

**Field Trip Permission**

I, \_\_\_\_\_ (parent's name) \_\_\_\_\_ do \_\_\_\_\_ do not give permission for my child, \_\_\_\_\_ to attend and participate in field trips offered by Oakdale After Skool.

Signature \_\_\_\_\_ Date(mm/dd/yy) \_\_\_\_\_

**Sun Screen Permission**

I, \_\_\_\_\_ (parent's name) \_\_\_\_\_ do \_\_\_\_\_ do not give permission for sunscreen purchased by the center to be applied to my child, \_\_\_\_\_, while in the care of Oakdale After Skool..

Signature \_\_\_\_\_ Date(mm/dd/yy) \_\_\_\_\_

**PERMISSION FOR MEDICAL ATTENTION**

Oakdale After Skool has my permission to obtain any emergency medical or dental attention for my child, \_\_\_\_\_, should it be necessary.

Signature \_\_\_\_\_ Date(mm/dd/yy) \_\_\_\_\_