



Oakdale Childcare Center

After Skool and Summer Kamp

1872 Highway 471

Brandon, MS 39042

Phone: 601-829-1277 Fax: 601-829-9482

Email: oakafterskool@aol.com

Child's Name _____ DOB _____

Address _____ City _____ Zip _____

Mother's Name _____ Home Phone _____

Address (If different) _____ City _____ Zip _____

Place of Employment _____

Employment Address _____ City _____ Zip _____

Cell phone _____ Work phone _____

Father's Name _____ Home Phone _____

Address (If different) _____ City _____ Zip _____

Place of Employment _____

Employment Address _____ City _____ Zip _____

Cell phone _____ Work phone _____

Emergency Contacts (other than parents)

Name _____ Home Phone _____

Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____

Name _____ Home Phone _____

Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____

Office Use Only

DOA _____ DOS _____ DOW _____ Reason _____

_____ 2 year olds _____ 3 year olds _____ 4 year olds _____ ASC

_____ Grade _____ School

Child's Name _____ DOB _____

I do/do not give permission for the above named child to be photographed or videotaped while participating in, while attending functions, field trips, or activities with Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church.

_____ Date _____ Signature _____

I do/do not give permission for the above named child to participate in any and all activities, excursions, field trips, or series of events offered by Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church.

_____ Date _____ Signature _____

I do/do not give permission for the above name child to have sunscreen applied while at or while attending in activities, excursions, field trips, or series of event offered by Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church.

_____ Date _____ Signature _____

I do/do not give permission for the potty training process to continue with my child, if necessary, I as a parent will work in close relationship with the caregivers of Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church to see that goals are reached.

_____ Date _____ Signature _____

Allergies and Reaction the above name child may have.

I do/do not give permission for representatives, employees, or volunteers of Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church to seek, obtain, and make decisions regarding all medical and dental attention that may become necessary while my child is in the care of Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church. I further more will not hold any of the above persons (representatives, employees, or volunteers of Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church) or businesses (Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church) responsible for injuries or accidents that occur to the above named child during or while participating in any and all activities, excursions, field trips, or series of events. I will also not hold them responsible for reasonable and sound medical decisions they make regarding the above name child's participation in any and all activities, excursions, field trips, or series of events offered by Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp, Oakdale Baptist Church.

I have received or read a copy of Oakdale Childcare Center, Oakdale After SKool, Oakdale Summer Kamp's Parent Hanbook and agree to all policies and fees set forth. I have received a summary of Department of Health's Regulations.

_____ Date _____ Signature _____

Notary Information: I, _____, a Notary Public, do hereby certify that on this ___day of _____, 20___, personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct. _____

Notary Public, State of _____ County of _____ Name, Typed or Printed: _____ My Commission Expires: _____

