



1872 Highway 471
Brandon, MS 39047
601-829-1277 - phone
601-829-9482 - fax
oakafterskoo@aol.com

Child's Full Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
e-mail _____
Grade _____ Teacher _____ School _____

Parents' Information

Mother's Name _____ Home Phone _____
Address _____ Cell Phone _____
Place of Business _____ Work Phone _____
Place of Business Address _____

Father's Name _____ Home Phone _____
Address _____ Cell Phone _____
Place of Business _____ Work Phone _____
Place of Business Address _____

Emergency Contacts

Contact Name _____ Home Phone _____
Address _____ Cell Phone _____
Place of Business _____ Work Phone _____
Place of Business Address _____

Contact's Name _____ Home Phone _____
Address _____ Cell Phone _____
Place of Business _____ Work Phone _____
Place of Business Address _____

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

Date of Application _____ Signature _____

Date of Acceptance _____ Date Starting _____ Withdrawal Date _____
Reason for withdrawal _____

Child's Name _____ DOB _____

Pick up and Drop Off

The following people may pick up and drop of the above named child at Oakdale After Skool:

Signature _____ Date mm/dd/yy) _____

Photography Permission

I _____ DO _____ DO NOT give permission for the above named child to be photographed or videotaped at Oakdale After Skool or while involved in activities with Oakdale After Skool.

Signature _____ Date mm/dd/yy) _____

Field Trip Permission

I _____ DO _____ DO NOT give permission for the above named child to attend and participate in field trips offered by Oakdale After Skool.

Signature _____ Date mm/dd/yy) _____

Sun Screen Permission

I _____ DO _____ DO NOT give permission for the above named child to have sun screen applied while at Oakdale After Skool or while involved in activities with Oakdale After Skool.

Signature _____ Date mm/dd/yy) _____

Allergies and Reactions the above named child has :

PERMISSION FOR MEDICAL ATTENTION

Oakdale After Skool has my permission to obtain any emergency medical and dental attention for the above name child.

Signature _____ Date mm/dd/yy) _____