



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