

Oakdale After Skool and Summer Kamp

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

T-Shirt Size _____

Extra Shirts _____

Child's Full Name _____ DOB _____
Address _____ City _____ State _____ Zip _____
Parent's Email _____
School _____ Grade _____ Teacher _____

Parent or Guardian Information ALL INFORMATION MUST BE FILLED OUT ENTIRELY

Mother's Name _____
Address _____ City _____ State _____ Zip _____
Place of Business _____ Work Phone _____
Business Address _____

Father's Name _____
Address _____ City _____ State _____ Zip _____
Place of Business _____ Work Phone _____
Business Address _____

Emergency Contact (other than parents or guardians) ALL INFORMATION MUST BE FILLED OUT ENTIRELY

Name _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Place of Business _____ Work Phone _____

Name _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Place of Business _____ Work Phone _____

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

Date of Application _____ Signature _____

DOA _____ DOW _____ Reason _____

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) _____