



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

**Child's Application**

Child's Name	DOB	Grade/School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address ( if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address ( if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ There is custody papers regarding this child. (If yes, please return a copy with this form).

For Office Use Only

\_\_\_\_\_ DOA \_\_\_\_\_ DOS \_\_\_\_\_ DOW; Reason \_\_\_\_\_



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Child's Name	DOB	Shirt Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do/do not give permission for the above named child(ren) 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(ren) 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

Allergies and Reaction (Please list child's name, allergy and reaction) If none write N/A

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

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

\_\_\_\_\_ Date \_\_\_\_\_ Signature