

**ENROLLMENT FORM**  
**Overbrook AfterSchool**  
**2010-2011**

Child's Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Gender: M F                      Grade \_\_\_\_\_                      School \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Address \_\_\_\_\_

With whom is child living?    Mother                      Father                      Both                      Other:

Church Affiliation (if applicable) \_\_\_\_\_

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**EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED**

Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_                      Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_                      Cell phone: \_\_\_\_\_

*Overbrook AfterSchool  
Tuition Plans*

<b>1 day</b>	<b>1<sup>st</sup> child: \$15</b>	<b>Additional Children: \$10/each</b>
<b>2 days</b>	<b>1<sup>st</sup> child: \$30</b>	<b>Additional Children: \$20/each</b>
<b>3 days</b>	<b>1<sup>st</sup> child: \$45</b>	<b>Additional Children: \$35/each</b>
<b>4 days</b>	<b>1<sup>st</sup> child: \$60</b>	<b>Additional Children: \$50/each</b>
<b>5 days</b>	<b>1<sup>st</sup> child: \$65</b>	<b>Additional Children: \$55/each</b>

**Child's Name** \_\_\_\_\_

**Check days attending:**

\_\_\_ **Monday**

\_\_\_ **Tuesday**

\_\_\_ **Wednesday**

\_\_\_ **Thursday**

\_\_\_ **Friday**

**I understand that I must give one week advance notice if I wish to change my tuition plan, whether temporarily or permanently. I further understand that if I do not provide advance notice, I will be charged for each day plus an additional \$20 charge.**

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***Overbrook AfterSchool  
Pick-up Authorization Form***

Child's Name \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

**Please list any individual you wish to authorize to pick up your child from OAS this school year. If you need to make changes to this list, please contact us and keep the list current. Appropriate ID must be shown at pick up.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**If necessary, please continue list on an attached sheet.**

**Please list any individual NOT authorized to pick up you child from OAS.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I, \_\_\_\_\_, attest that I have filled out the above information. I understand that I must give prior notice to Overbrook AfterSchool if anyone other than the listed parents/guardians is to pick up my child.**

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

***Overbrook AfterSchool  
Activity/Transportation Release***

I, \_\_\_\_\_, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby give my permission for my child to participate in the scheduled activities of Overbrook AfterSchool. I understand that my child will be transported from \_\_\_\_\_ to Overbrook AfterSchool on a bus operated by an OAS employee or church volunteer. Furthermore, I hereby release and discharge Overbrook Baptist Church and its authorized representatives and professional or volunteer staff, their heirs, executors and administrators from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, representatives, professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident or medical emergency, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

*I give Overbrook AfterSchool permission to photograph my child participating in OAS activities and use those photographs in promotional materials for OAS*

. \_\_\_\_\_ (Please initial)

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

***Overbrook AfterSchool  
Parent Handbook Acknowledgment***

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_, have received and reviewed the parent handbook for Overbrook AfterSchool. I agree to/understand the following:

- I understand the rules and regulations of Overbrook AfterSchool, and will help my child to follow them.
- I understand that if I have any questions about the rules and regulations and how they are applied, I may ask a member of head staff at any time.
- I understand that if I wish to change my tuition plan, I must give at least one week's notice.
- I understand that if my child will not be there on a day he/she is expected, I must notify Overbrook AfterSchool by 1:00 on that day.
- I understand that Overbrook AfterSchool provides a daily snack as part of the program, and that a weekly menu will be posted near the front desk.
- I understand that my child will not be allowed to leave the building unless I, or a person I have designated ahead of time, have signed him/her out at the front desk.
- I understand that I must provide written authorization in order for Overbrook AfterSchool staff to dispense medication to my child.
- I understand that it is my responsibility to keep my child's records current to reflect any significant changes as they occur.
- I understand that I will be informed of any incidents, including illness, injury, exposure to communicable disease, and behavioral problems, that include my child.

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

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

***Overbrook AfterSchool  
Health Form***

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_

**Known Allergies (Food, Drug, Insect, etc)**

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**Current Medications (Name of medication, dose, reason taken)**

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**If my child has a minor issue, such as headache or stomach ache, I give head staff permission to give children's over-the-counter medication such as Tylenol, Motrin, or Tums to my child.** \_\_\_\_\_

(Parent signature)

**Please include a copy of your child's current immunization record.**

***Overbrook AfterSchool  
Vehicle Emergency Medical Information***

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Person to notify in an emergency and parents cannot be reached:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Child's Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical facility the center uses** \_\_\_\_\_

**Address** \_\_\_\_\_

**Child's Allergies** \_\_\_\_\_

**Current prescribed medication** \_\_\_\_\_

**Child's special needs and conditions** \_\_\_\_\_

**In the event of an emergency involving my child, and if Overbrook AfterSchool cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.**

**Child's Name** \_\_\_\_\_

**Signature (Parent/Guardian)** \_\_\_\_\_

**Witness By** \_\_\_\_\_ **Date** \_\_\_\_\_