

# Boquet Valley OASIS Student Registration Form - Mountain View

Parents and Guardians,

Please complete this form in order for your child/children to participate in the OASIS (Opportunities and Supports in Schools) Afterschool Program at Mountain View. If you have any questions or concerns, please email OASIS Program Coordinator Chris Peisch at [cpeisch@boquetvalleycsd.org](mailto:cpeisch@boquetvalleycsd.org)

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## Student Information

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

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

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

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender:

- Female
- Male
- Non-Binary

Race/Ethnicity

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Pacific Islander
- White

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## Primary Parent/Guardian Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Secondary Parent/Guardian Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Release of Child Information

Please fill out all information regarding how your child will be allowed to be released from the program. Your child will not be released to any person who is not listed in this section. If an individual who is not listed is going to be picking up your child, please inform Program Coordinator Chris Peisch at [cpeisch@boquetvalleycsd.org](mailto:cpeisch@boquetvalleycsd.org) or call (518)-873-6371 ext. 507

Does your child have permission to leave the program alone after dismissal?: Yes No

Does your child have permission to ride the shuttle bus to Lake View when available?:  
Yes No

Does your child plan to use shuttle services?: Yes No

*In the space below, please list the name, phone number, and relationship to student of all the individuals who are allowed to pick up your child (Example: John Smith, Father, (518)-123-4500)*

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In the space below, please list the name, phone number, and relationship to student of any individuals who are **NOT** allowed to pick up your child. Please add additional notes if necessary. (Example: John Smith, Uncle, (518)-123-4500, John Smith may not pick up my child...)

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## Medical Information

Does your child have any allergies?: Yes No

If your child has allergies, please specify: \_\_\_\_\_

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Does your child take any medications?: Yes No

If your child takes any medications or has any medical conditions you would like our program to be aware of, please specify: \_\_\_\_\_

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