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 Marcail Miller at mmiller@boquetvalleycsd.org

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

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:_____

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 Marcail Miller at mmiller@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)

_____

_____   _____

_____

_____

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…)

_____

_____

_____

Medical Information

Does your child have any allergies?: Yes   No

If your child has allergies, please specify:_____

_____

_____

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:_____

_____

_____

_____