



New Enrollment Permission for 2009/10 School Year

Parental Permission

Oasis Community Corporation has permission for my child to participate in programs that are planned and supervised by Oasis Community Corporation. Oasis Community Corporation has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that my family physician or I cannot be contacted in an emergency, I hereby grant Oasis Community Corporation Staff permission to bring my child to be treated at a hospital emergency room.

Parent's Signature: _____ **Date:** _____

Child Release Form

Please list all people who you would like to allow to pick your child up from the Oasis program. Please include your name along with any friends and/or family (including spouses, siblings, grandparents, etc.) Please note that if a person not listed on this form (*even a parent*) arrives to pick up your child, we will not be able to release your child to them. The people on this list are the **only** people who will be allowed to pick up your child, and they will also be listed as Emergency Contacts for your child.

I grant permission for:

Please Print Parent/Guardian 1 Name

Best Phone # to reach this person

Please Print Alternate Pick-up Person's Name

Best Phone # to reach this person

Please Print Parent/Guardian 2 Name

Best Phone # to reach this person

Please Print Alternate Pick-up Person's Name

Best Phone # to reach this person

to pick up my child _____ at any point during the day and/or at the end of the program day, from the Oasis Program.
(Please Print Child's Name)

Parent/Guardian Signature