

OasisK Application for Enrollment

Student Information

Date: ____/____/____

First	Middle	Last
Enrollment Year	Age	DOB
Cell Phone		Home Phone
Email Address		
Street Address	City	State
		Zip

Primary Caregiver 1 Information Relationship to Child _____

First	Middle	Last
Cell Phone	text y/n	Home Phone
Email Address		
Street Address	City	State
		Zip
Employer		

Primary Caregiver 2 Information Relationship to Child _____

First	Middle	Last
Cell Phone	text y/n	Home Phone
Email Address		
Street Address	City	State
		Zip
Employer		

Primary Caregiver 3 Information Relationship to Child _____

First	Middle	Last
Cell Phone	text y/n	Home Phone
Email Address		
Street Address	City	State
		Zip
Employer		

How did you hear about Oasis K @ WellSpring?

Newspaper Friend Website Social media Other _____

I understand that the Lord Jesus Christ expects us to progress toward being disciplined in all areas of life and growing in our own love for Christ and others.

I have read and understand the procedures of the Oasis K Parent-Student Handbook. I accept them, and I will work cooperatively with Oasis K faculty whenever disciplinary procedures are deemed necessary.

I intend to communicate clearly with my child's teachers and the administration concerning my child's grades and behavior.

I will pay my tuition and fees in a timely manner and will communicate with the administration if there is any reason for delay in my payments.

Name Relationship to student Date

Medical Release

I give permission for Oasis K @ WellSpring to seek appropriate medical care for my child in the case I cannot be reached. This includes calling 911 or taking my child to the hospital if necessary.

Should an emergency arise, it is understood that a conscientious effort will be made to locate, in order, all persons listed as emergency contacts on the registration form before emergency action is taken.

I agree to provide a copy of my child’s medical history records to Oasis K, so that proper care for my child and others can be given. Immunization records are requested but not required.

I agree that any expenses of emergency treatment, care and transportation are my financial responsibility.

Medical Information

Student Name	Age
Personal Physician	Phone
Allergies	
Insurance Provider	
Policy Number	

Emergency Numbers

Emergency Number 1	Name	Father
Emergency Number 2	Name	Mother
Emergency Number 3	Name	Home

Any additional comments:

Pick-up Permission Form

Please note: Only those persons listed on this form are granted permission to pick up your student from Oasis Kindergarten. Any alterations for this list must be made, dated, and initialed by the Parent/Guardian.

The persons listed below have my permission to pick-up my student from Oasis K @ WellSpring.

Signature of Parent/Guardian

Date

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Photography/Video Agreement

I understand that pictures from daily activities or special events at Oasis K @ WellSpring may be taken with my student (listed below) in it, either individually or in a group.

I further understand that these pictures, whether in print or online, may be used in future brochures, videos, or other publications of Oasis K @ WellSpring.

Signature of Parent/Guardian

Date

Tell us about your child:

Favorite hobbies or activities:

Sibling (s), names and ages:

What are your child's strengths and weaknesses?

What motivates your child?

Please share your goals/concerns regarding your child and the K5 experience.

How does your child feel about coming to Kindergarten?