



The Griffin's Nest
Oxford Preparatory School
6041-B Landis Rd
Oxford, NC 27565
919.690.0360 Fax 919.690.0230

2022-23 Oxford Preparatory School
Griffin's Nest After School Care Family Enrollment Form

Please complete one form per family.

#1 Student Name _____ Grade Level: _____ Child's Date of Birth: _____ Special Needs/Allergies: _____
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#2 Student Name _____ Grade Level: _____ Child's Date of Birth: _____ Special Needs/Allergies: _____
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#3 Student Name _____ Grade Level: _____ Child's Date of Birth: _____ Special Needs/Allergies: _____
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Child(ren's) Primary Address: _____

Child(ren) reside(s) with: _____ Both parents together _____ Both Parents separately
_____ Extended Family Member _____ Other: _____

Primary Contact Information (This will be the first contact in case of emergency):

Parent/Guardian Name: _____ Relationship to Student(s): _____

Primary Phone Number: _____

Additional Phone Numbers: _____

Email Address: _____

(This email address will receive all communication for afterschool; if you wish to receive multiple addresses, please list.)

Secondary Contact Information (This will be the first contact in case of emergency):

Parent/Guardian Name: _____ Relationship to Student(s): _____

Primary Phone Number: _____

Additional Phone Numbers: _____

Release Information/Emergency Contacts

_____ NO ONE except the parents/guardians should be allowed to pick-up the child(ren).

_____ The following people have my permission to pick up the children from the afterschool or may be reached during an emergency. (Individual will be asked for picture ID, name listed should match that.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical/Emergency Information

Name of Child's Doctor: _____ Office Phone: _____

Name of Child's Dentist: _____ Office Phone: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy #: _____

I agree that OPS afterschool may authorize the physician of his/her choice to provide emergency medical care in the event that I nor the family physician can be contacted.

I enroll my children in the afterschool program at OPS for the 2022-2023 school year. I understand that I must notify the Griffin's Nest Coordinator in writing (email or note) if I choose to remove my students from the program during the school year.

Parent/Guardian Signature: _____ **Date:** _____