



Odyssey Charter School Childcare Program Enrollment Form 2011 ~ 2012

Before Care Only _____ **After Care Only** _____ **Before & After Care** _____

(If choosing 3-day option, please circle requested 3 days: M T W Th F)

Student's Full Name: _____

Birthdate: _____ Teacher in Sept 2011 : _____ Grade: _____

Home Phone #: _____ Cell #: _____

Primary Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Custody Agreement in Effect: _____ YES _____ NO

Copy of this agreement has been provided to Odyssey Charter School: _____ YES _____ NO

Emergency Contacts if Parent/Guardian cannot be reached:

1. _____ Phone #: _____
Name Area Code and Number
Relationship Cell #: _____

2. _____ Phone #: _____
Name Area Code and Number
Relationship Cell #: _____

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone#: _____

Child Release Information

The following persons are authorized to pick up my child(ren) from the OCS After Care Program:

Name Relationship

For Office Use Only: Monthly Rate: _____ Purchase of Care: _____ Sibling Discount: _____