

**Orleans After School Activities Program, Inc.**  
**P.O. Box 2063,**  
**Orleans MA, 02653**

**OASAP School Year Pre-Registration**

Child's Name \_\_\_\_\_

Child's Grade \_\_\_\_\_ Is your child on an IEP \_\_\_\_\_ (if yes, you must provide OASAP with a copy)

Allergy or Chronic health condition: No \_\_\_\_\_ Yes \_\_\_\_\_

Will Your child need to take medication while at the program No \_\_\_\_\_ Yes \_\_\_\_\_

Do you have a state childcare voucher? No \_\_\_\_\_ Yes \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone# \_\_\_\_\_

\*IF self-employed you must write name of business.

Days at work \_\_\_\_\_ Hours at work \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone# \_\_\_\_\_

\*IF self-employed you must write name of business

Days at work \_\_\_\_\_ Hours at work \_\_\_\_\_

\$50 Registration Fee **Per Family** Cash \_\_\_\_\_ Check# \_\_\_\_\_

Please circle the days that you need your child to attend

**MON**

**TUES**

**WED**

**THURS**

**FRI**

Signature: \_\_\_\_\_ Date \_\_\_\_\_