



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

**2023-24 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: _____	

#2 Student Name _____	Grade Level: _____
Child's Date of Birth: _____	
Special Needs/Allergies: _____	

#3 Student Name _____	Grade Level: _____
Child's Date of Birth: _____	
Special Needs/Allergies: _____	

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 2023-2024 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:** \_\_\_\_\_