

# Boquet Valley OASIS Student Registration Form - Mountain View

Parents and Guardians,

Please complete this form in order for your child/children to participate in the OASIS (Opportunities and Supports in Schools) Afterschool Program at Mountain View. If you have any questions or concerns, please email OASIS Program Coordinator Marcaill Miller at [mmiller@boquetvalleycsd.org](mailto:mmiller@boquetvalleycsd.org)

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## Student Information

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender:

- Female
- Male
- Non-Binary

Race/Ethnicity

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Pacific Islander
- White

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## Primary Parent/Guardian Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Secondary Parent/Guardian Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE COMPLETE THE BACK**

## Release of Child Information

Please fill out all information regarding how your child will be allowed to be released from the program. Your child will not be released to any person who is not listed in this section. If an individual who is not listed is going to be picking up your child, please inform Program Coordinator Marcail Miller at [mmiller@boquetvalleycsd.org](mailto:mmiller@boquetvalleycsd.org) or call (518)-873-6371 ext. 2507

Does your child have permission to leave the program alone after dismissal?:        Yes     No

Does your child have permission to walk to the Social Center (must be a member) after OASIS?:

Yes     No

If your child will be picked up later than the ending of the program then please put that time here:

*In the space below, please list the name, phone number, and relationship to student of all the individuals who are allowed to pick up your child (Example: John Smith, Father, (518)-123-4500)*

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In the space below, please list the name, phone number, and relationship to student of any individuals who are **NOT** allowed to pick up your child. Please add additional notes if necessary. (Example: John Smith, Uncle, (518)-123-4500, John Smith may not pick up my child...)

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## Medical Information

Does your child have any allergies?: Yes                      No

If your child has allergies, please specify: \_\_\_\_\_

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Does your child take any medications?:     Yes                      No

If your child takes any medications or has any medical conditions you would like our program to be aware of, please specify: \_\_\_\_\_

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**Universal Permission Slip  
Boquet Valley Central School  
OASIS Afterschool Program  
2024-2025**

Please review the information below. Initial next to the statement if you permit your child to attend the outings. If you do not, then please write "no" next to the statement. Sign the form at the bottom of the page. Students should return this form and registration packet to the main office of their respective school location. Additional forms are available upon request. Please email ([mmiller@boquetvalleycsd.org](mailto:mmiller@boquetvalleycsd.org)) or call 518-873-6371 ext 2507 to speak with Marcaill Miller, OASIS Coordinator. One form is required per student.

Universal Field Trip:

This permits your child to attend outings within one hour's drive from Boquet Valley Central School District campuses. Examples include but are not limited to trips to Plattsburgh, Lake Placid, Ticonderoga, etc. This also permits your child to participate in afterschool walks/running clubs, hiking trips, mountain biking trips, etc. All trips will be supervised. Any trip beyond an hour's drive from either campus location will require another permission slip form to be signed for all enrolled OASIS students.

\_\_\_\_\_ I give my child permission to attend OASIS Afterschool functions this year.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Teacher (Lake View & 6th grade only)

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date