

Student ID # _____

Media Release:
YES or NO

Completion of application
does not guarantee enrollment

Oceanside Unified School District
After School Program
Membership Application
July 1, 2022 – June 30, 2023

Office Use Only

ASES Original Intake Date _____

City Span # _____

ASES Provider: _____

SSID# _____

Child's First Name

Middle Name

Child's Last Name

Birth Date

Male

Female

Nonbinary

Military Dependent

Child's School

Grade

Home Address

City

Zip Code

Home Phone Number

Parent Email Address

Father/Guardian First Name

Father/Guardian Last Name

Father/Guardian Cell Phone Number

Father/Guardian Employer

Father/Guardian Work Phone & Extension

Mother/Guardian First Name

Mother/Guardian Last Name

Mother/Guardian Cell Phone Number

Mother/Guardian Employer

Mother/Guardian Work Phone & Extension

Name of Emergency Contact #1 (other than parent)

Emergency Phone Number

Name of Emergency Contact #2 (other than parent)

Emergency Phone Number

Permission for After School Program staff to Access Report Cards: Yes No

MEDICAL INFORMATION: Medical Conditions, Allergies, Special Needs, List All Medications

Special Education Services: Special Ed (IEP) 504 Plan Has 1:1 Aide per an IEP

If Yes, list information that may assist staff in supporting your child's after school activities: