



3114-4 Randall Parkway, Wilmington NC 28403

www.oasisnc.org

Program Application

Your Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Child's Name: _____ Child's DOB ____ / ____ / ____

____ Male ____ Female Diagnosis: _____

Current School: _____ Current Grade: _____

Name of Psychologist: _____ Date of Testing: _____

Speech and Language: _____

Occupational Therapy: _____

Current Medications: _____

Allergies: _____

Special Diet: _____

Other Medical Considerations: _____

Name/Age of Siblings: _____

Emergency Contact Information

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

Heard of OASIS from and/or referred by: _____

Communication Strengths: _____

Communication Goals: _____

CURRENT Academic Grade Levels: _____ Reading _____ Math

Academic Strengths: _____

Academic Goals: _____

Behavioral Strengths: _____

Behavioral Goals: _____

Work/Reward System: _____

Please list any additional comments you would like to share about your child:

Program Applying for:

_____ SEA Academy _____ Ventures _____ Intersession Camp

Agreement and Waiver:

By signing this waiver, I accept full responsibility for my child during participation at OASIS NC. I will not hold OASIS NC, staff, volunteers, or other participants responsible for any accidents that occur while services are being provided. Enclosed is a non-refundable application fee of \$50.

Signature _____ **Date** _____