



OASIS Long Island Teen Travel 2010

Camper Information

Camper's Last Name: _____

Camper's First Name: _____

Child's Date of Birth: _____ Gender: M F

School: _____ Grade after Summer 2008?: _____

Child's t-shirt size: (Please check one) Adult: S M L XL

Does your child have any allergies? Yes No Please describe: _____

Does your child have asthma? Yes No If yes, how is it treated?: _____

Any special information we should know about your child? Yes No Please describe: _____

Family Information Are You a Returning Family? Yes No If "No", how did you hear about Oasis? _____ Referred by another family? Who? _____

Parent/Guardian 1: (Primary contact for child)

Mr. Ms. Mrs. Last Name: _____ First Name: _____ Is this the person responsible for billing? Yes No

Address (w/ apt #): _____ City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: (Secondary contact for child)

Mr. Ms. Mrs. Last Name: _____ First Name: _____ Is this the person responsible for billing? Yes No

Address (w/ apt #): _____ City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Enrollment Agreement:

- I agree to pay the full tuition balance by May 28, 2010 (a \$300 deposit is due at the time of enrollment). Registration after May 28, 2010 requires payment in-full at the time of enrollment.
- Oasis Children's Services LLC has permission for my child to participate in all camp programs that are planned and supervised by Oasis Children's Services LLC, including, including field trips. I agree to release, indemnify, and hold harmless Oasis Children's Services LLC, it's summer camp program, it's staff, agents and representatives from all claims of liability, injury or damage to any person occurring in connection with Oasis activities.
- Oasis Children's Services LLC has the unrestricted right to terminate this enrollment agreement at it's sole discretion. In the event of such termination due to camper behavior, Oasis Children's Services LLC is not obligated to refund tuition or any unused amount of the tuition.
- CANCELLATION POLICY: If canceling prior to May 28, 2010, tuition and deposit is fully refundable. After May 28, 2010, \$300 deposit is non-refundable, regardless of the circumstance. The remaining tuition is refundable at the sole discretion of Oasis Children's Services LLC. Any discounts and/ or financial adjustments to your account must be reconciled by August 31st, 2010.
- PRORATING POLICY: Oasis Children's Services LLC will not prorate for missed days or partial week attendance.
- Oasis Children's Services LLC has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose. I acknowledge and agree that no compensation is being paid or will be paid for the making or use of these Materials, and I waive all rights, interest, or claim for payment in connection therewithin.
- Oasis Children's Services LLC has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact or the family physician cannot be contacted in an emergency, Oasis Children's Services LLC has the permission to have my child examined at a hospital emergency room.

I have read and agree to the above terms: _____ Date: _____

(Parent's Signature)

*** Please turn over and fill out enrollment worksheet on back***

PLEASE SELECT LOCATION YOU WILL USE FOR DROP OFF/PICK UP EVERY DAY:

Oasis on the North Shore (Teen Travel Base Location)
Michael J. Tully Park 1801 Evergreen Avenue – New Hyde Park, NY 11040

Oasis at Queensborough Community College
222-05 56th Avenue – Bayside, NY 11364

Oasis at Nickerson Beach Park
880 Lido Beach Boulevard – Long Beach, NY 11561

Your child can be dropped off and picked up from any of these locations. Oasis will provide a free shuttle service for the Teen Travel program between Nickerson Beach Park, Queensborough Community College and the North Shore base location each day.

Step 1: Please check off in the boxes below each week your child will attend camp and/or need bus, early or late services.

Week 1: 6/28-7/2 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 2: 7/05-7/9 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 3: 7/12-7/16 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 4: 7/19-7/23 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 5: 7/26-7/30 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 6: 8/2-8/6 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 7: 8/9-8/13 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 8: 8/16-8/20 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late
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Step 2: Please choose the corresponding fees for the weeks selected above. You may sign up for camp now and add bus or other services later.

Camp Options		+	Extras			=	Total Fees
Camp Prices for New Families: (never attended an Oasis Summer program before) # of Camp Weeks: <input type="checkbox"/> 2 weeks \$1,050 <input type="checkbox"/> 3 weeks \$1,530 <input type="checkbox"/> 4 weeks \$1,975 <input type="checkbox"/> 5 weeks \$2,380 <input type="checkbox"/> 6 weeks \$2,775 <input type="checkbox"/> 7 weeks \$3,130 <input type="checkbox"/> 8 weeks \$3,435	Camp Prices for Returning Families: (we must have a record of prior Oasis Summer registration) # of Camp Weeks: <input type="checkbox"/> 2 weeks \$1,030 <input type="checkbox"/> 3 weeks \$1,500 <input type="checkbox"/> 4 weeks \$1,940 <input type="checkbox"/> 5 weeks \$2,335 <input type="checkbox"/> 6 weeks \$2,725 <input type="checkbox"/> 7 weeks \$3,070 <input type="checkbox"/> 8 weeks \$3,370	Before selecting bus service, please check our coverage area map at www.oasischildren.com to verify bus service area. # of Bus Weeks: <input type="checkbox"/> 1 week \$75 <input type="checkbox"/> 2 weeks \$150 <input type="checkbox"/> 3 weeks \$225 <input type="checkbox"/> 4 weeks \$300 <input type="checkbox"/> 5 weeks \$375 <input type="checkbox"/> 6 weeks \$450 <input type="checkbox"/> 7 weeks \$525 <input type="checkbox"/> 8 weeks \$600	Regular camp drop off is 8:30am-9:00am For a weekly fee you may sign up for Early Drop Off which is 8:00 am to 8:30 am. # of Early Drop Off Weeks: <input type="checkbox"/> 1 week \$30 <input type="checkbox"/> 2 weeks \$60 <input type="checkbox"/> 3 weeks \$90 <input type="checkbox"/> 4 weeks \$120 <input type="checkbox"/> 5 weeks \$150 <input type="checkbox"/> 6 weeks \$180 <input type="checkbox"/> 7 weeks \$210 <input type="checkbox"/> 8 weeks \$240	Regular camp pick up is 5:00pm-5:30pm For a weekly fee you may sign up for Late Pick Up which is 5:30 pm to 6:00 pm. # of Late Pick Up Weeks: <input type="checkbox"/> 1 week \$30 <input type="checkbox"/> 2 weeks \$60 <input type="checkbox"/> 3 weeks \$90 <input type="checkbox"/> 4 weeks \$120 <input type="checkbox"/> 5 weeks \$150 <input type="checkbox"/> 6 weeks \$180 <input type="checkbox"/> 7 weeks \$210 <input type="checkbox"/> 8 weeks \$240	Total Fees Camp Fees \$ _____ + Bus Fees \$ _____ + Early Fees \$ _____ + Late Fees \$ _____ = TOTAL FEES \$ _____		

Step 3: Select Payment Option

Payment Options

**** A Minimum Deposit of \$300 is due at the time of enrollment. The balance is due on May 28, 2010. **** Applications received after May 28, 2010 must be accompanied by payment in full.

- Pay \$300 now, pay balance later (an invoice will be mailed after deposit payment is processed- balance is due by May 28, 2010)
- OR
- Pay \$300 now, authorize Auto-payment on Credit Card for balance on May 28, 2010 (a statement mailed after each payment is processed)
- OR
- Pay \$300 now, authorize Monthly Auto-payment on Credit Card- monthly amount indicated below; with balance paid on or before May 28, 2010 (statements mailed after each payment is processed)

Amount to charge monthly: _____ (Payments will be processed on the 15th of each month, beginning with the month following the date of this application)

OR

Pay in Full now (a statement will be mailed after payment is processed) 1199 or TWU: Member Name *Print*: _____ Member Signature _____

Step 4: Payment Information (Please check one) Check Cash **Credit Card:** MasterCard Visa AmEx (Attach a copy of **current** ID for any applicable North Shore/LIJ Healthcare discounts)

Name on credit card *Please Print* **First:** _____ **Last:** _____ Total Amount to Charge Today: \$ _____

Credit Card #: _____ Expiration Date: _____ Today's Date: _____ Cardholder Signature _____

Please return to: **Oasis Long Island Teen Travel** ~ 20 Jay Street, Suite 802 ~ Brooklyn, NY 11201
 ** Phone (646) 519-5065 ~ Fax (718) 855-2435 ** Or Visit our Web Site at: www.oasischildren.com

Please be sure to fill out both sides of this form



Oasis Long Island Teen Travel Summer 2010 Child Release & Emergency Contact Form

Child Release Information

Please list all people who you would like to allow to pick your child up from the Oasis program. Please include **your name** along with any friends and/or family (including spouses, siblings, grandparents, etc.) Please note that if a person not listed on this form (*even a parent*) arrives to pick up your child, we will not be able to release your child to them. The people on this list are the **only** people who will be allowed to pick up your child. Feel free to use the back of this page for additional names if needed and you can contact Oasis at any point to add names to this list. You may also designate any of these people to be emergency contacts by checking the box beside their name.

I grant permission for:

Please Print Parent/Guardian Name

Best Phone # to reach this person

Please Print Additional Pick Up Person's Name

Best Phone # to reach this person

Also Emergency Contact

Please Print Additional Pick Up Person's Name

Best Phone # to reach this person

Also Emergency Contact

Please Print Additional Pick Up Person's Name

Best Phone # to reach this person

Also Emergency Contact

to pick up my child _____ at any point during the day and/or at the end of the program day,
from the Oasis Program. (Please Print Child's Name)

Parent/Guardian Signature

If you would like to permit your child to leave the Oasis program at the end of the day without an adult escort, you will need to sign below. Oasis will not release children without an adult escort from the program until the end of the program day.

Please allow my child _____ to leave Oasis or the Oasis Bus Stop at the end of the day **without** an adult escort.
(Please Print Child's Name)

Parent/Guardian Signature

If parents cannot be reached in an emergency, please list 2 emergency contacts (if not indicated above):

Contact #1 Name: _____

Contact #2 Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Phone: _____

Home Phone: _____

Work/Cell Phone: _____

Work/Cell Phone: _____



Oasis Long Island Teen Travel Summer 2010

Swim Consent Form

The campers will be swimming at various locations during the summer. These locations will include: Lasker Pool, Jones Beach, Jacob Riis Beach, Far Rockaway Beach, Nickerson Beach, as well as some additional beaches, starting June 28, 2010 through August 20, 2010. The campers will be swimming, by division, in a block of 1½ hours, Monday through Friday 9 am to 3 pm.

Parental Permission to Swim

I have read the above information and will allow my child _____, age____
Please Print Child's Name

to participate in the swimming activities with Oasis Long Island Teen Travel.

Parent's Signature: _____ Date: _____

Parental Trip Permission

Throughout the summer, the teen travel program goes on full day field trips everyday of the summer. They will attend the trips with all of the other teen travelers and will be supervised by their groups leaders and division leader.

Trips will leave camp by 9:30am and will return no later than 4:30pm. Campers must bring a packed lunch as usual on all days. If trips are running late or buses are held up in traffic we will do our best to keep parents informed of delays.

Please make sure your child is at camp on time so that they will not be disappointed by missing the day's trip.

Please fill out and sign below to grant your child permission to participate in field trips. Thank you and we look forward to seeing all of you in the summer!

Parental Permission for Field Trips

I give my child _____ permission to participate in Oasis trips during the Summer of 2008.
Please Print Child's Name

Parent's Signature: _____ Date: _____

Please return this completed form to:
Oasis Long Island Teen Travel / 20 Jay Street, Suite 802 / Brooklyn, NY 11201
phone: (646)519-5065 fax: (718) 855-2435



Oasis Behavioral Guidelines
Oasis Long Island Teen Travel 2010

(Parent & Camper please sign and return)

Camper Name: _____

Oasis programs are communities in which every participant is entitled to feel safe, comfortable and secure. We are committed to ensuring that every child is able to enjoy and benefit from our programs. All campers and families must be committed to safety, constructive participation and appropriate behavior, and willing to abide by the guidelines established by the program.

Please take a moment to go over the following guidelines carefully with your child before signing at the bottom.

As an Oasis camper I promise that:

- I will stay with my group at all times;
- I will listen carefully to rules and instructions and ask questions when I do not understand;
- I will be kind to other children and staff and I will not threaten or bully other campers;
- If I need help I will go to my Group Leader.

As an Oasis parent I understand that:

- I am expected to help my child understand and follow these guidelines;
- I will be notified if my child's behavior undermines his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program;
- If an issue of behavior arises, I will be expected to collaborate with my child's Division Leader on a strategy to address the problem;
- If my child's behavior continues to undermine his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program, his or her participation in the program may be suspended temporarily or permanently;
- Temporary suspension and/or permanent dismissal from the program are at the discretion of Oasis.

We agree to abide by and support the guidelines set forth. (Parent & camper both sign)

Parent Name (printed)

Parent Signature

Date

Camper Name (printed)

Camper Signature

Date

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM Oasis Long Island Teen Travel

CHILD'S LAST NAME _____ FIRST NAME _____ BIRTHDATE / / SEX M F

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

Allergies

- | | |
|--|---|
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Seizures _____ | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Insect Stings _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Penicillin _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Other Drugs _____ |
| | <input type="checkbox"/> Food _____ |

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

MEDICAL EXAMINATION – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

- Code: S = Satisfactory
- X = Not Satisfactory (Explain)
- 0 = Not Examined

General Appearance _____

Genitalia _____

Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat - Tonsils _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____ Feet _____ Lungs _____ Skin _____

Hgb. Test (Date) _____ Urinalysis (Date) _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Allergy: (Please specify) _____

Recommendations and restrictions while in camp:

Special Diet _____

Special Medicine (dose, route of administration, when should it be administered) _____

Is parent/guardian sending special medicine? _____

Activity Restrictions _____

Swimming _____ Diving _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

M.D.
EXAMINING PHYSICIAN (SIGNATURE)

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____

ZIP CODE