



# OASIS in Christopher Morley Park 2009

## Camper Information

Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

Gender:  M  F Camper's Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade after summer 2009: \_\_\_\_\_

Camper's t-shirt size: (Please check one) Child Size:  S(6-8)  M(10-12)  L(14-16) **OR** Adult Size:  S  M  L  XL

Please name, in order of preference, the friends your child would like to be grouped with. Please note that we cannot guarantee any requests will be met. We will work towards grouping your child with their top choice; however requests must be reciprocated by the friends listed.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Family Information Are You a Returning Family? Yes No If "No", how did you hear about Oasis? \_\_\_\_\_

(Primary contact for child)

Parent/Guardian 1:  Mr.  Ms.  Mrs. Is this the person responsible for billing? Yes  No

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(Secondary contact for child)

Parent/Guardian 2:  Mr.  Ms.  Mrs. Is this the person responsible for billing? Yes  No

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Enrollment Agreement:

1. I agree to pay the full tuition balance by May 29, 2009 (a \$250 deposit is due at the time of enrollment). Registration after May 29, 2009 requires payment in-full at the time of enrollment.
2. Oasis Children's Services LLC has permission for my child to participate in all camp programs, including field trips that are planned and supervised by Oasis Children's Services LLC.
3. 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.
4. CANCELLATION POLICY: If canceling prior to May 29, 2009, tuition and deposit is fully refundable. After May 29, 2009, \$250 is non-refundable, regardless of the circumstance. The remaining tuition is refundable at the sole discretion of Oasis Children's Services, LLC,.
5. 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.
6. 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 has the permission to have my child examined at a hospital emergency room.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**Oasis in CMP Summer 2009 Enrollment Worksheet for:** Camper Name: \_\_\_\_\_

**Step 1:** Please check off in the boxes below each week your child will attend camp and/or need bus, early or late services.  
**IMPORTANT:** Before selecting bus service, please check coverage area map on our website [www.oasischildren.com](http://www.oasischildren.com) to verify bus service area.

**\*\*Please Note: Campers may START camp ONLY on Week# 1, 3, 5 or 7\*\***

Regular camp drop off is from 8:30am-9:00am; for an additional \$30 weekly fee, you may sign up for Early Drop Off which is between 8:00am and 8:30am.

Regular camp pick up is from 5:00pm-5:30pm; for an additional \$30 weekly fee, you may sign up for Late Pick Up which is between 5:30pm and 6:00pm.

<b>Start Week</b> <b>Week 1: 6/29</b> <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 2: 7/6 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	<b>Start Week</b> <b>Week 3: 7/13</b> <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 4: 7/20 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	<b>Start Week</b> <b>Week 5: 7/27</b> <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 6: 8/3 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	<b>Start Week</b> <b>Week 7: 8/10</b> <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 8: 8/17 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late
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**Step 2:** Please count number of weeks for each selection above, and select the corresponding fees here; then total them below:

**Camp Prices for New Families:** (never attended an Oasis Summer program before)

# of Camp Weeks:  2 weeks \$1,015  3 weeks \$1,475  4 weeks \$1,905  5 weeks \$2,295  6 weeks \$2,685  7 weeks \$2,980  8 weeks \$3,230

**Camp Prices for Returning Families:** (we must have a record of prior Oasis Summer registration)

# of Camp Weeks:  2 weeks \$995  3 weeks \$1,450  4 weeks \$1,870  5 weeks \$2,250  6 weeks \$2,630  7 weeks \$2,920  8 weeks \$3,165

*You may sign up for camp now and add bus or other services later with a separate form we will mail prior to camp.*

**Additional Services:**

# of Bus Weeks:  1 week \$75  2 weeks \$150  3 weeks \$225  4 weeks \$300  5 weeks \$375  6 week \$450  7 weeks \$525  8 weeks \$600

# of Early Drop Off Weeks:  1 week \$30  2 weeks \$60  3 weeks \$90  4 weeks \$120  5 weeks \$150  6 weeks \$180  7 weeks \$210  8 weeks \$240

# of Late Pick Up Weeks:  1 week \$30  2 weeks \$60  3 weeks \$90  4 weeks \$120  5 weeks \$150  6 weeks \$180  7 weeks \$210  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 \$250 is due at the time of enrollment. The balance is due on May 29, 2009. \*\***

Applications received after May 29, 2009 must be accompanied by payment in full.

Pay \$250 now, pay balance later (an invoice will be mailed after deposit payment is processed- balance is due by May 29, 2009)

**OR**

Pay \$250 now, authorize Auto-payment on Credit Card for balance on May 29, 2009 (a statement will be mailed after each payment is processed)

**OR**

Pay \$250 now, authorize Monthly Auto-payment on Credit Card- monthly amount indicated below; with balance paid on or before May 29, 2009 (statements will be mailed after each payment is processed)

**Amount to charge monthly:** \_\_\_\_\_

(Payments will be processed on the 15<sup>th</sup> 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)

**Step 4:** Enter Payment Information (Please check one)  Check  Cash  1199  TWU **Credit Card:**  MasterCard  Visa  AmEx

(Please attach a copy of your **current** employee ID to receive any applicable North Shore/LIJ healthcare discounts.)

Name on card (Please Print) **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

Total Amount to Charge Today: \$ \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Please return to: **Oasis Children's Services** ~ 20 Jay Street, Suite 802 ~ Brooklyn, NY 11201 \*\* Phone (718) 596-4900 ~ Fax (718) 855-2435 \*\*  
 Or Visit our Web Site at: [www.oasischildren.com](http://www.oasischildren.com)

**\*Please be sure to fill out both sides of this form\***