Oasis in Central Park Teen Travel 2012

Camper Information

Camper's Last Name: _____ **Camper's First Name:** _____ **Gender:** ☐**M** ☐**F** **Date of Birth:** _____

School: _____ **Grade after summer 2012:**_____ **T-shirt size: Child:** ☐ **S** ☐ **M** ☐ **L** **OR** **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?:*_____

Please name, in order of preference, any friends your child might 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

Parent/Guardian 1: *(Primary contact for child)* **Is this person authorized to pick up this camper from camp?** Yes ☐ No ☐

☐**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)* **Is this person authorized to pick up this camper from camp?** Yes ☐ No ☐

☐**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:** _____

In addition to Parent 1 and/or Parent 2, please list any additional people (and their phone #s) who would be permitted to pick up your camper from the Oasis program:
(You may use another piece of paper to add more names.)

Name 1. _____ **Phone#**_____ **Name 2.** _____ **Phone#**_____

☐ *Please initial here if your camper is old enough and has your permission to leave camp unescorted.*

Enrollment Agreement:

1. I agree to pay the full tuition balance by May 25, 2012 (a $300 deposit is due at the time of enrollment). Registration after May 25, 2012 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 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, its summer camp program, its staff, agents and representatives from all claims of liability, injury or damage to any person occurring in connection with Oasis activities.
3. Oasis Children's Services LLC has the unrestricted right to terminate this enrollment agreement at its 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 25, 2012, tuition and deposit is fully refundable. After May 25, 2012, $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 31, 2012.
5. PRORATING POLICY: Oasis Children's Services LLC will not prorate for missed days or partial week attendance.
6. 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 therein.
7. 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.
8. I grant permission for my child to participate in SWIMMING ACTIVITIES with Oasis Children's Services, LLC at various local pools and area beaches as part of the regular Teen Travel program from July 2, 2012 through August 24, 2012.
9. I grant permission for my child to participate in full day FIELD TRIPS as part of the regular Oasis Children's Services, LLC 2012 summer camp program.

I have read and agree to the above terms: _____ Date: _____
(Parent's Signature)

* **Please turn over and complete the enrollment worksheet on back***

Oasis in Central Park Teen Travel Summer 2012 Enrollment Worksheet for: Camper's 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.*** *(Please be advised, camp will be closed on July 4th.)*

Week 1: 7/2-7/6	Week 2: 7/9-7/13	Week 3: 7/16-7/20	Week 4: 7/23-7/27	Week 5: 7/30-8/3	Week 6: 8/6-8/10	Week 7: 8/13-8/17	Week 8: 8/20-8/24
☐ Camp ☐ Bus	☐ Camp ☐ Bus	☐ Camp ☐ Bus	☐ Camp ☐ Bus	☐ Camp ☐ Bus	☐ Camp ☐ Bus	☐ Camp ☐ Bus	☐ Camp ☐ Bus
☐ Early ☐ Late	☐ Early ☐ Late	☐ Early ☐ Late	☐ Early ☐ Late	☐ Early ☐ Late	☐ Early ☐ Late	☐ Early ☐ Late	☐ Early ☐ Late
☐ Lunch	☐ Lunch	☐ Lunch	☐ Lunch	☐ Lunch	☐ Lunch	☐ Lunch	☐ Lunch

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 Summer 2012:

# of Camp Weeks:

- ☐ 2 weeks $1,130
- ☐ 3 weeks $1,585
- ☐ 4 weeks $1,975
- ☐ 5 weeks $2,340
- ☐ 6 weeks $2,690
- ☐ 7 weeks $2,985
- ☐ 8 weeks $3,260

Before selecting bus service, please check our coverage area map at www.oasischildren.com to verify bus service area.

# of Bus Weeks:

- ☐ 1 week $75
- ☐ 2 weeks $150
- ☐ 3 weeks $225
- ☐ 4 weeks $300
- ☐ 5 weeks $375
- ☐ 6 weeks $450
- ☐ 7 weeks $525
- ☐ 8 weeks $600

Before selecting lunch service, please check out our menu at www.oasischildren.com.
Lunch is $30 per week plus 8.875% sales tax. Tax is already included in the prices below.

# of Lunch Weeks:

- ☐ 1 week $32.66
- ☐ 2 weeks $65.33
- ☐ 3 weeks $97.99
- ☐ 4 weeks $130.65
- ☐ 5 weeks $163.31
- ☐ 6 weeks $195.98
- ☐ 7 weeks $228.64
- ☐ 8 weeks $261.30

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:

- ☐ 1 week $30
- ☐ 2 weeks $60
- ☐ 3 weeks $90
- ☐ 4 weeks $120
- ☐ 5 weeks $150
- ☐ 6 weeks $180
- ☐ 7 weeks $210
- ☐ 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:

- ☐ 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 $ _____

+

Lunch Fees $ _____

+

Bus Fees $ _____

OR

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 25, 2012.*** ** Applications received after May 25, 2012 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 25, 2012).

OR

☐ **Pay $300 now, authorize Auto-payment on Credit Card for balance on May 25, 2012** (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 25, 2012** (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; final payment will be processed on May 15, 2012).

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 *(Please make checks payable to Oasis Children's Services, LLC)* ☐Cash **Credit Card:** ☐MasterCard ☐Visa ☐AmEx Total Amount to Charge Today: $_____

Name on credit card *Please Print* **First:** _____ **Last:** _____ Today's Date: _____

Credit Card #:_____ Expiration Date: _____ Cardholder Signature_____

Have you:

- ✓ Answered all questions on both sides of this enrollment application?
- ✓ Checked **EACH** week you wish your child to attend camp as well as the total number of weeks?
- ✓ Signed where applicable?
- ✓ Included payment information?

Did someone refer you to Oasis? ☐Yes ☐No

If yes, you could help them earn "Buddy Bucks" by telling us their camper's name: _____

If no, how did you hear about Oasis? _____

Please return this completed form to:
Oasis in Central Park Teen Travel
20 Jay Street, Suite 802
Brooklyn, NY 11201
Phone (646) 698-1800
Fax (718) 855-2435
Or Visit our Web Site at:
www.oasischildren.com to register online.

Oasis in Central Park Teen Travel 2012

Oasis Behavioral Guidelines

(Parent & Camper please **sign** and **return**)

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 Name (printed)	Parent Signature	Date
_____	_____	_____
Camper Name (printed)	Camper Signature	Date

Please return completed forms to:
Oasis in Central Park Teen
20 Jay Street, Suite 802 Brooklyn, NY 11201
Phone (646) 698-1800 **Fax** (718) 855-2435