



Oasis in Bayside Teen Travel 2020

Camper Information

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

School: _____ Grade after summer 2020: _____ T-shirt size: Child: XS 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?: _____

Any special information we should know? Yes No If yes: _____

Family Information

Parent/Guardian 1: *(Primary contact for child)* This person will be allowed to pick up this camper from camp and will be considered an emergency contact.

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)* This person will be allowed to pick up this camper from camp and will be considered an emergency contact.

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:

- I agree to pay the full tuition balance by May 1, 2020 (a \$500 deposit is due at the time of enrollment). Registration after May 1, 2020 requires payment in-full at the time of enrollment. Balances not paid in-full by May 1, 2020 will be subject to a \$50 finance charge.
- 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 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.
- 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.
- CANCELLATION POLICY: If canceling prior to May 1, 2020, tuition and deposit is fully refundable. After May 1, 2020, \$500 deposit is non-refundable, regardless of the circumstance and 50% of any monies paid will be refunded. The remaining tuition is refundable at the sole discretion of Oasis Children's Services LLC and may be processed once the camp season has closed. If camper is removed/dismissed from camp, for violation of the behavioral guidelines agreement, Oasis reserves the right to not process a refund. All statements are final as of your last day of camp.
- PRORATING POLICY: Oasis Children's Services LLC will not prorate any fees 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 therein.
- 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 grant permission for my child to participate in SWIMMING ACTIVITIES with Oasis Children's Services, LLC at Queensborough Community College RFK pool daily from June 29, 2020 through August 14, 2020. For Teen Travel campers, I grant permission for my child to swim at various pools and beaches.
- I grant permission for my child to participate in full day FIELD TRIPS as part of the regular Oasis Children's Services, LLC 2020 summer camp program.
- By signing this form, I give Oasis Children's Services LLC permission to debit my account the total amount due as indicated on my tuition contract, if applicable.

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

Oasis in Bayside Teen Travel 2020 Enrollment Worksheet

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.

New Family
 Returning Family

Week 1: 6/29-7/3 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 2: 7/6-7/10 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 3: 7/13-7/17 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 4: 7/20-7/24 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 5: 7/27-7/31 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 6: 8/3-8/7 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 7: 8/10-8/14 <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

Before selecting extras, please visit our website www.oasischildren.com for more information. Regular camp drop off is 8:30am to 9:00am, and regular pick up is from 5pm to 5:30pm. Early drop off starts at 8am and late pick up ends at 6pm. You cannot combine early drop off or late pick up with busing.



Total Fees

Camp Prices for Summer 2020:

of Camp Weeks:

- 2 wks \$1,200
- 3 wks \$1,800
- 4 wks \$2,400
- 5 wks \$3,000
- 6 wks \$3,600
- 7 wks \$4,200

of Bus Weeks:

Local Pick-Up **OR** Door to Door

- | | |
|--|--|
| <input type="checkbox"/> 1 week \$125 | <input type="checkbox"/> 1 week \$150 |
| <input type="checkbox"/> 2 weeks \$250 | <input type="checkbox"/> 2 weeks \$300 |
| <input type="checkbox"/> 3 weeks \$375 | <input type="checkbox"/> 3 weeks \$450 |
| <input type="checkbox"/> 4 weeks \$500 | <input type="checkbox"/> 4 weeks \$600 |
| <input type="checkbox"/> 5 weeks \$625 | <input type="checkbox"/> 5 weeks \$750 |
| <input type="checkbox"/> 6 weeks \$750 | <input type="checkbox"/> 6 weeks \$900 |
| <input type="checkbox"/> 7 weeks \$875 | <input type="checkbox"/> 7 weeks \$1,050 |

of Early Drop Off Weeks:

- 1 week \$50
- 2 weeks \$100
- 3 weeks \$150
- 4 weeks \$200
- 5 weeks \$250
- 6 weeks \$300
- 7 weeks \$350

of Late Pick Up Weeks:

- 1 week \$50
- 2 weeks \$100
- 3 weeks \$150
- 4 weeks \$200
- 5 weeks \$250
- 6 weeks \$300
- 7 weeks \$350

Returning family discount is \$15 off per week, per child.

Camp Fee	\$ _____
+	
Bus Fee	\$ _____
OR	
Early Fee	\$ _____
+	
Late Fee	\$ _____
-	
Ret Family Discount	\$ _____
TOTAL =	\$ _____

Step 3: Select Payment Option

Payment Options

**** A Minimum Deposit of \$500 is due at the time of enrollment. The balance is due on May 1, 2020. **** Applications received after May 1, 2020 must be accompanied by payment in full.

- Pay \$500 now, pay balance later** (an invoice will be e-mailed after deposit payment is processed- balance is due by May 1, 2020).
- Pay \$500 now, authorize Auto-payment on Credit Card for balance on May 1, 2020** (a statement e-mailed after each payment is processed).
- Pay \$500 now, authorize Monthly Auto-payment on Credit Card- monthly amount indicated below; with balance paid on or before May 1, 2020** (statements e-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 1, 2020**).
- Pay in Full now** (a statement will be e-mailed after payment is processed).

1199: Member Name *Print*: _____ Member Signature _____

Step 4: Payment Information (Please check one) Check (*Make payable to Oasis Children's Services, LLC*) Cash **Credit Card:** MasterCard Visa AmEx Discover Amount to Charge Today: _____

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

Credit Card #: _____ Expiration Date: _____ Cardholder Signature _____

New Families: How did you first hear about Oasis?

- Print Ad Online Ad/Search/Referral Saw Oasis Campers Recommendation/Word of Mouth **Name of person who referred you:** _____

Please return this completed form to:
Oasis in Bayside Teen
 720 Northern Blvd – Riggs Hall 47
 Brookville, NY 11548
Phone (646) 519-5055
Fax (718) 855-2435
 Bayside@Oasischildren.com
 Or register at www.oasischildren.com



Oasis in Bayside Teen Travel 2020

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 & camper both sign)

Parent Name (printed)

Parent Signature

Date

Camper Name (printed)

Camper Signature

Date

Please return completed forms to:

Oasis in Bayside Teen Travel

720 Northern Blvd – Riggs Hall 47 @ LIU Post
Brookville, NY 11548

Phone (646) 519-5055 **Fax** (718) 855-2435

Bayside@oasischildren.com