



Candidate Information

Candidate Last Name: _____ Candidate First Name: _____

Gender: M F Date of Birth: _____ School: _____ Grade after summer 2020: _____

T-shirt size: (Please check one) Child Size: XS S M L **OR** Adult Size: S M L XL

Does The Candidate Have Any Allergies or Take Medication? Yes No If "Yes", please explain _____

Email: _____ Home Phone: _____

Cell Phone: _____

Which camp are you applying for? (You may click more than one)

- Bayside (Queens) Central Park (Upper West Side) Dobbs Ferry (Westchester)
- Downtown (Lower East Side) Madison (New Jersey) LIU Post (Brookville)

Family Information

Are/Were You an Oasis Family? Yes No If "No", how did you hear about Oasis? _____

Parent/Guardian 1: Mr. Ms. Mrs. (Primary contact)

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

First Name: _____ Last Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: Mr. Ms. Mrs. (Secondary contact)

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

First Name: _____ Last Name: _____

Street: _____ 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 child 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.

Candidate Name: _____ Location: _____

Have you been a CIT for Oasis Day Camps before? Yes No

If yes, which location? _____ How long? _____

Please explain why you are interested in becoming a CIT for Oasis this summer?

What experience, if any, do you have working with children?

Please provide us with your swim level and your swim experience.

Please share any personal experiences that demonstrate your leadership qualities.

What three words best describe your personality?

Who is your idol? Please explain why.

Please provide us with three professional references.

#1 First Name: _____ Last Name: _____

Phone Number: _____ Email address: _____

Relation to you: _____

#2 First Name: _____ Last Name: _____

Phone Number: _____ Email address: _____

Relation to you: _____

#3 First Name: _____ Last Name: _____

Phone Number: _____ Email address: _____

Relation to you: _____

*** Please feel free to use any additional sheets as needed***



Oasis Behavioral Guidelines

(Parent & Candidate 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 CIT 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 supervisor.

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 supervisor 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

Candidate Name: _____ Location: _____

Enrollment Worksheet

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

Please Note - Early Drop Off and/or Late Stay **CANNOT be combined with Bus Service**

<p style="text-align: center;">Tuition for Summer 2020:</p> <p style="text-align: center;">4 Weeks</p> <p><input type="checkbox"/> First Half of the Summer \$400</p> <p><input type="checkbox"/> Second Half of the Summer \$400</p> <p style="text-align: center;">7 Weeks (only available at Bayside)</p> <p><input type="checkbox"/> 7 Weeks \$650</p> <p style="text-align: center;">8 Weeks</p> <p><input type="checkbox"/> 8 Weeks \$700</p>	<p style="text-align: center;"># of Lunch Weeks: <i>Before selecting lunch service, please check out our menu at www.oasischildren.com.</i></p> <p><input type="checkbox"/> 1 week \$50</p> <p><input type="checkbox"/> 2 weeks \$100</p> <p><input type="checkbox"/> 3 weeks \$150</p> <p><input type="checkbox"/> 4 weeks \$200</p> <p><input type="checkbox"/> 7 weeks \$350</p> <p><input type="checkbox"/> 8 weeks \$400</p> <p style="text-align: center;"><i>Lunch is \$50 per week. Tax is included in the prices below.</i></p>	<p style="text-align: center;"># of Bus Weeks:</p> <p>Local Pick-Up OR Door to Door</p> <p><input type="checkbox"/> 1 week \$125 <input type="checkbox"/> 1 week \$150</p> <p><input type="checkbox"/> 2 weeks \$250 <input type="checkbox"/> 2 weeks \$300</p> <p><input type="checkbox"/> 3 weeks \$375 <input type="checkbox"/> 3 weeks \$450</p> <p><input type="checkbox"/> 4 weeks \$500 <input type="checkbox"/> 4 weeks \$600</p> <p><input type="checkbox"/> 7 weeks \$875 <input type="checkbox"/> 7 weeks \$1,050</p> <p><input type="checkbox"/> 8 weeks \$1,000 <input type="checkbox"/> 8 weeks \$1,200</p> <p style="text-align: center;"><i>Door to door bus service is only available at select camps. Please contact the camp directly to confirm availability.</i></p>	<p style="text-align: center;"># of Early Drop Off Weeks:</p> <p><input type="checkbox"/> 1 week \$50</p> <p><input type="checkbox"/> 2 weeks \$100</p> <p><input type="checkbox"/> 3 weeks \$150</p> <p><input type="checkbox"/> 4 weeks \$200</p> <p><input type="checkbox"/> 7 weeks \$350</p> <p><input type="checkbox"/> 8 weeks \$400</p> <p style="text-align: center;"><i>Regular camp drop off is 8:30am-9am. For a weekly fee you may sign up for Early Drop Off, which runs from 8am to 8:30am.</i></p>	<p style="text-align: center;"># of Late Pick Up Weeks:</p> <p><input type="checkbox"/> 1 week \$50</p> <p><input type="checkbox"/> 2 weeks \$100</p> <p><input type="checkbox"/> 3 weeks \$150</p> <p><input type="checkbox"/> 4 weeks \$200</p> <p><input type="checkbox"/> 7 weeks \$350</p> <p><input type="checkbox"/> 8 weeks \$400</p> <p style="text-align: center;"><i>Regular camp pick up is 5:00pm-5:30pm. For a weekly fee you may sign up for Late Pick Up, which runs from 5:30 pm to 6:00 pm.</i></p>
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Step 2: Please refer to your number of weeks for each selection above and then total them below:

Total Fees					
Tuition Fees \$ _____	Bus Fees \$ _____	Lunch Fees \$ _____	Early Fees \$ _____	Late Fees \$ _____	= TOTAL \$ _____

Step 3: Enter payment information: Check *Make checks payable to: Oasis Children's Services, LLC* Cash **Credit Card:** MasterCard Visa AmEx Discover

Payment Options	
** A Minimum Deposit of \$100 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.	
<input type="checkbox"/> Pay \$100 now, pay balance later (an invoice will be e-mailed after deposit payment is processed- balance is due by May 1, 2020).	
<input type="checkbox"/> Pay \$100 now, authorize Auto-payment on Credit Card for balance on May 1, 2020 (a statement e-mailed after each payment is processed).	
<input type="checkbox"/> Pay \$100 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 15 th of each month, beginning with the month following the date of this application; final payment will be processed on May 1, 2020).	

Name on card (Please Print) **First:** _____ **Last:** _____

Credit Card #: _____ Expiration Date: _____ Billing Zip Code: _____ Today's Date: _____

Signature _____

Enrollment Agreement:

1. I agree to pay the full tuition balance by May 1, 2020 (a \$100 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.
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 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 1, 2020, tuition and deposit is fully refundable. After May 1, 2020, \$100 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.
5. PRORATING POLICY: Oasis Children's Services LLC will not prorate any fees 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 and 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.
10. 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: _____