



Oasis at the Big Apple Circus 2010

Camper Information

Camper's Last Name: _____ Camper's First Name: _____

Gender: M F Camper's Date of Birth: _____ School: _____ Grade after summer 2010: _____

Camper's t-shirt size: (Please check one) Child Size: S M 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 an Oasis 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:

- 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 & Big Apple Circus LTD have permission for my child to participate in all camp programs that are planned and supervised by Oasis Children's Services LLC & Big Apple Circus LTD, including transport to and from the Oasis at the Big Apple Circus camp location. I agree to release, indemnify, and hold harmless the Big Apple Circus, 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 at the Big Apple Circus activities.
- Oasis Children's Services LLC & Big Apple Circus LTD have the unrestricted right to terminate this enrollment agreement at their sole discretion. In the event of such termination due to camper behavior, Oasis Children's Services LLC & Big Apple Circus LTD are 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 discretion of Oasis Children's Services LLC & Big Apple Circus LTD Any discounts and/ or financial adjustments to your account must be reconciled by August 31st, 2010.
- PRORATING POLICY: Oasis Children's Services LLC & Big Apple Circus LTD will not prorate for missed days or partial week attendance.
- Oasis Children's Services LLC and Big Apple Circus LTD have 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 & Big Apple Circus LTD have 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 & Big Apple Circus LTD have 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***

Oasis at the Big Apple Circus will operate four 2 week sessions, from July 5 through August 20.

For each 2 week session for Oasis at Big Apple Circus, there are 3 enrollment options.
 Due to capacity limits on the ferry, we will have 2 different start times for each session (1st Ferry & 2nd Ferry).
 This also means 2 different ending times.

1st Ferry (drop off only)
 (camp hours 8:30AM-3:30PM)

Families can drop off campers by 7:45 at the ferry terminal for 8AM ferry to Governor's Island.
 This group will return to the Manhattan ferry terminal at 3:45PM. Campers must be picked up from the terminal by 4:00PM.

2nd Ferry (drop off only)
 (camp hours 9:30AM-4:30PM)

Families can drop off campers by 8:45 at the ferry terminal for 9AM ferry to Governor's Island.
 This group will return to the Manhattan ferry terminal at 4:45PM. Campers must be picked up from the terminal by 5:00PM.

2nd Ferry & Bus
 (camp hours 9:30AM-4:30PM)

Oasis bus service will pick up campers at select locations throughout Manhattan and bring them to the ferry terminal for the 9AM ferry to Governor's Island. Return bus service will take campers from the ferry terminal at 4:45 and drop them off at select locations throughout Manhattan.

**Bus service is only offered with the 2nd Ferry start time, as the route has to begin before 8AM in order to arrive at the terminal in time for the 9AM departure. A bus route for the 1st Ferry start time would have to begin before 7AM, which is not possible to do.*

Step 1: Please check off in the boxes below your enrollment date & option.

Session 1:
 7/05-7/16

1st Ferry (drop off only- no bus)

2nd Ferry (drop off only -no bus)

2nd Ferry with bus

Session 2:
 7/19-7/30

1st Ferry (drop off only- no bus)

2nd Ferry (drop off only -no bus)

2nd Ferry with bus

Session 3:
 8/02-8/13

1st Ferry (drop off only- no bus)

2nd Ferry (drop off only -no bus)

2nd Ferry with bus

Session 4:
 8/16-8/27

1st Ferry (drop off only- no bus)

2nd Ferry (drop off only -no bus)

2nd Ferry with bus

Step 2: Please check off in the boxes below the corresponding fees for your enrollment option.

Camp Fees

2 week session (no bus) - \$1900.00 2 week session with Bus - \$2030.00

Step 3: Select Payment Option

**** A Minimum Deposit of \$300 is due at the time of enrollment. The balance is due on May 28, 2010. ****

Payment Options

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 or about the 15th of each month, beginning with the month following the date of this application)

OR

Pav in Full now (a statement will be mailed after payment is processed)

Step 3: Enter Payment Information (Please check one) Check Cash **Credit Card:** MasterCard Visa AmEx
Applications received after May 28, 2010 must be accompanied by payment in full.

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 at the Big Apple Circus** ~ 20 Jay Street, Suite 802 ~ Brooklyn, NY 11201

** Phone (646) 519-5064 ~ 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 at the Big Apple Circus 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 at the Big Apple Circus program. Please include **PARENT names** 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 the Big Apple Circus 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 at the Big Apple Circus Program. (Please Print Child's Name)

Parent/Guardian Signature

 If you would like to permit your child to leave the Oasis at the Big Apple Circus program at the end of the day without an adult escort, you will need to sign below. Oasis at the Big Apple Circus 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 at the Big Apple Circus 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 Behavioral Guidelines
Oasis at the Big Apple Circus 2010
 (Parent & Camper please sign and return)

Oasis & Big Apple Circus 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 at the Big Apple Circus 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 at the Big Apple Circus 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 and the Big Apple Circus.

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 at Big Apple Circus

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