



OASIS in the Bronx @ I.S. 313
SUMMER DAY CAMP 2010

FAMILY INFORMATION

Today's Date: _____

Parent/Guardian #1 Name: (Primary contact for child)

Mr. Ms. Mrs. Last Name _____ First Name _____

Street _____ Home Phone: _____

City _____ State _____ Zip _____ Work Phone: _____

Email: _____ Cell Phone: _____

Parent/Guardian #2 Name:

Mr. Ms. Mrs. Last Name _____ First Name _____

Street _____ Home Phone: _____

City _____ State _____ Zip _____ Work Phone: _____

Email: _____ Cell Phone: _____

CAMPER INFORMATION OSIS # _____

Child's Last Name _____ First Name _____

Child's Date of Birth: _____ Age _____ Gender: M F

School: _____ Grade after Summer 2010? _____

Child in a special class? No Yes (if "Yes", please specify) _____

Child's t-shirt size: (Please check one) Child: S M or Adult: S M L XL

Please attach a current photograph of your child here.

Has your child ever attended an Oasis program? No Yes If Yes, Where? _____

Does your child have any allergies? No Yes Please Describe: _____

Does your child have asthma? No Yes If yes, how is it treated? _____

Any Special Information we should know about your child? _____

Parental Permission

Oasis Children's Services has permission to reproduce and publish and photograph, video or likeness of my child for advertising, commercial or any lawful purpose.

Oasis Children's Services has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that my family physician or I cannot be contacted in an emergency, I hereby grant Oasis Children's Services permission to bring my child to be treated at a hospital emergency room.

Parent/Guardian Signature: _____ Date: _____

Please return completed forms to: Oasis in the Bronx @ I.S. 313
**20 Jay Street, Suite 802 **Brooklyn, NY 11201 ** Phone (646) 519-5071 **Fax (718) 801-8458
OR Bring to the Parent Coordinator at your child's school.



December 2009

Dear Parent or Guardian,

Free Summer Camp for incoming students of I.S. 313!!! Summer is months away and we are busy preparing for your child's arrival at Oasis. The dates for camp are July 5th -August 19th, 2010 Monday - Friday 9:00am - 5:00pm. The program will be held at IS 313 at 1600 Webster Avenue. We will run a learn to swim program at Crotona Park Pool.

Enclosed are forms that you need to complete to enroll your child in the program. If you need extra time to get the Health Record completed, you can return all of the other completed forms (including the application) first, so your child's place will be held in the program and return the Health Record as soon as it's completed. Space in Oasis is limited and it's 'First come, First served'. You will be notified by mail if your child is on the waiting list for any reason. **Please note that the Health Record must be returned by June 29th.**

Included in this mailing are the following paper forms necessary for your child to begin camp:

- **Summer Day Camp Application:** This form gives us basic important information that will help to identify you and your child.
- **Swim Consent/ Trip Permission Form:** We need your permission to allow your child in the pool, and we need your permission to allow your child to join our planned trips.
- **21st Century Participation Form:** This form is necessary for your child to participate in summer camp. 21st Century funds our summer program and uses this form to count those who attend.
- **Behavioral Guidelines Contract:** This form helps us make sure that all families understand our rules and expectations.
- **Camper Release/Emergency Contact Form:** We want to know who should be allowed to pick up your child and who to contact in the event of an emergency if we cannot reach you.

You can apply in many ways:

Mail:

Oasis in the Bronx @ I.S. 313
20 Jay Street Suite 802
Brooklyn, NY 11201

Fax:

718-801-8458

Web:

www.oasischildren.com

*Online Registration will be open Dec. 1st.

Or return the application to your child's parent coordinator!

We look forward to having your child join us this summer!

Thank You,

The Oasis Team





Camper Name: _____

Oasis Summertimes @ IS 313 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 program. Please include **your name** 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 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 Program. (Please Print Child's Name)

Parent/Guardian Signature

If you would like to permit your child to leave the Oasis program at the end of the day without an adult escort, you will need to sign below. Oasis 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 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: _____

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 in the Bronx @ 313 _____

_____ / / _____ M F
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

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



Parent Consent to Participate in the Evaluation of the 21st Century Community Learning Center Programs

Dear Parent,

The OASIS Summer Program that your child attends is funded by the Federal 21st Century Community Learning Centers grant program. The federal government requires that we collect information on children to monitor their progress, as well as the progress of our program. Oasis Children's Services is conducting an evaluation to learn how the program helps students and how it can be improved in order to meet the grant requirements.

We ask permission from parents to:

- Contact their children's school and obtain records from the NYC Department of Education showing their progress, including information about enrollment, grades, citywide and statewide test scores, and their attendance.
- Talk to teachers and after school program staff about children's progress and participation in the program and review program records on participation in the program.

Due to our grant funding requirements, **WE WILL NOT BE ABLE TO ALLOW YOUR CHILD TO PARTICIPATE UNLESS WE RECEIVE A SIGNED AND COMPLETED PERMISSION FORM FROM YOU.**

Any information we collect will be used only to assess the summer program and will not be made public. Data will be collected on all children in the program and analyzed as a group, not by individual student. We will not use your name or your child's name in any report.

Please complete and return the attached form below. We thank you for your cooperation and look forward to another productive and enjoyable fall with your child.

I give the OASIS Program permission to gather data regarding my child from the New York City Department of Education, for purposes of fulfilling its reporting requirements to the United States Department of Education. I also understand that all data will be analyzed by group and not by individual child; and all information about my child will remain strictly confidential.

Print Child's Name _____ School _____

Print Parent/Guardian's Name _____

Parent/Guardian Signature _____ Date _____



Camper Name: _____

Oasis Behavioral Guidelines 2010
Oasis Summertimes @ IS 313

(Please **sign** and **return** to Oasis or your Parent Coordinator)

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



Oasis Summertimes @ IS 313 Summer 2010

Swim Consent

The campers will be swimming at _____ Crotona Park Pool _____ starting July 5, 2010 through August 19, 2010. The campers will be swimming, by division, in a block of 1½ hours, Monday through Friday 9 am to 3 pm.

Parental Permission to Swim

I have read the above information and will allow my child _____, age _____
Please Print Child's Name

to participate in the swimming activities with Oasis _____ Summertimes @ PS 313 _____.

Parent's Signature: _____ Date: _____

Parental Trip Permission

Throughout the summer, your child's group (division) will go on full day field trips. Your child will attend trips with his/her whole division and will be supervised by his/her group leaders and the division leader.

Trips will leave camp by 9:30am and will return no later than 4:30pm. If trips are running late or buses are held up in traffic we will do our best to keep parents informed of delays.

Trips are completely free for children. Please make sure your child is at camp on time so that they will not be disappointed by missing the day's trip.

Please fill out and sign the permission slip below and return it to Oasis. Thank you and we look forward to seeing all of you in the summer!

Parental Permission for Field Trips

I give my child _____ permission to participate in Oasis trips during the Summer of 2010.
Please Print Child's Name

Parent's Signature: _____ Date: _____

Please return this completed form to:
Oasis in the Bronx @ I.S. 313 / 20 Jay Street, Suite 802 / Brooklyn, NY 11201
fax: (718) 801-8458 (646)519-5071
OR Bring to the Parent Coordinator at your child's school