



CHILDREN'S SERVICES LLC

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OASIS Summer Extension Week 2008

Looking for an extra week of Oasis?

We have put together a fun filled week of activities for the end of the summer. Children will take part in fun and educational activities run by the same Oasis staff from our Summer Camp.

Who: ** For all children ages 6-13 **

When: Monday, August 25th - Friday August 29th
9am - 5pm Daily (Trips will be returning to 4 West 96th by 4PM each day)

Where: Each day begins and ends at Oasis in Central Park Office
(Alexander Robertson School @ 4 West 96th St. at Central Park West)

Daily Activities:

- Monday 8/25: Ice Skating @ Chelsea Piers
- Tuesday 8/26: Bowling @ Playdrome(in the Bronx)
- Wednesday 8/27: Queens County Farm Museum
- Thursday 8/28: Hudson River Adventure (boat ride around Manhattan-lunch included)
- Friday 8/29: Astroland @ Coney Island

Cost: \$475 for the week: ****This is a full week program. Families must sign up for the full week***

Fees include admissions to all events and transportation to and from events.

All fees must be paid upon submission of this form. Please provide a bagged lunch for your child.

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

Child attended Oasis Summer 2008? Yes _____ No _____ If yes, which location? _____

Bus Service (additional \$60) Yes No

Please confirm the address you would like transportation from: _____

Oasis will create centralized bus stops based on those requesting transportation.

You will be sent a finalized bus stop list in the coming weeks.

I will pay by: (please check) Cash Check Master Card Visa 1199

Check# or Credit Card #: _____ Exp. Date: _____

Name on Check or Card: _____ Amount to Charge \$ _____

**** PLEASE FILL OUT THE FRONT AND BACK OF THIS FORM ****

Child's Name: _____

**Enrollment for Summer Extension Week
August 25th - August 29th 2008**

Family Information

Parent 1 Name: Mr. Ms. Mrs. _____

Home Phone: _____ Street _____

Work Phone: _____ City _____ State _____ Zip _____

Cell Phone: _____ Email: _____

Parent 2 Name: Mr. Ms. Mrs. _____

Home Phone: _____ Street _____

Work Phone: _____ City _____ State _____ Zip _____

Cell Phone: _____ Email: _____

Best Way to Reach Each Parent in event of an emergency? _____
(Please indicate which phone or email from above)

If parents cannot be reached, please list 2 emergency contacts:

Contact 1 Name: _____ **Contact 2 Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Home Phone: _____ Home Phone: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Medical Information

Does your child have any allergies? Yes _____ No _____ If yes, please explain _____

Does your child have asthma? Yes _____ No _____ Does your child know when an attack is coming on? Yes _____ No _____

Does your child have any other medical conditions that we should know about? Please explain: _____

Parental Permission

Oasis Children's Services has permission for my child to participate in programs that are planned and supervised by Oasis Children's Services. 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 Staff permission to bring my child to be treated at a hospital emergency room.

Parent's Signature: _____ **Date:** _____