



# OASIS in Central Park Teen Travel 2010

## Camper Information

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

School: \_\_\_\_\_ Grade after summer 2010: \_\_\_\_\_ T-shirt size: Child:  S  M 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 about your child? Yes  No  Please describe: \_\_\_\_\_

**Family Information** Are You a Returning Family?  Yes  No If "No", how did you hear about Oasis? \_\_\_\_\_ Referred by another family? Who? \_\_\_\_\_

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

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)

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: \_\_\_\_\_

## 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 has permission for my child to participate in all camp programs that are planned and supervised by Oasis Children's Services LLC, including, including field trips. I agree to release, indemnify, and hold harmless 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 activities.
- Oasis Children's Services LLC has the unrestricted right to terminate this enrollment agreement at it's 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 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 sole discretion of Oasis Children's Services LLC. Any discounts and/ or financial adjustments to your account must be reconciled by August 31<sup>st</sup>, 2010.
- PRORATING POLICY: Oasis Children's Services LLC will not prorate 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 therewithin.
- 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 have read and agree to the above terms: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's Signature)

**\* Please turn over and fill out enrollment worksheet on back\***

**Oasis in Central Park Teen Travel Summer 2010 Enrollment Worksheet for: Camper 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.

Week 1: 7/05-7/9 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 2: 7/12-7/16 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 3: 7/19-7/23 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 4: 7/26-7/30 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 5: 8/2-8/6 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 6: 8/9-8/13 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 7: 8/16-8/20 <input type="checkbox"/> Camp <input type="checkbox"/> Bus <input type="checkbox"/> Early <input type="checkbox"/> Late	Week 8: 8/23-8/27 <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.

<b>Camp Options</b>		+	<b>Extras</b>			=	<b>Total Fees</b>
<b>Camp Prices for New Families:</b> (never attended an Oasis Summer program before) <b># of Camp Weeks:</b> <input type="checkbox"/> 2 weeks \$1,130 <input type="checkbox"/> 3 weeks \$1,595 <input type="checkbox"/> 4 weeks \$1,970 <input type="checkbox"/> 5 weeks \$2,335 <input type="checkbox"/> 6 weeks \$2,680 <input type="checkbox"/> 7 weeks \$2,975 <input type="checkbox"/> 8 weeks \$3,255	<b>Camp Prices for Returning Families:</b> (we must have a record of prior Oasis Summer registration) <b># of Camp Weeks:</b> <input type="checkbox"/> 2 weeks \$1,110 <input type="checkbox"/> 3 weeks \$1,560 <input type="checkbox"/> 4 weeks \$1,935 <input type="checkbox"/> 5 weeks \$2,285 <input type="checkbox"/> 6 weeks \$2,630 <input type="checkbox"/> 7 weeks \$2,920 <input type="checkbox"/> 8 weeks \$3,190	Before selecting bus service, please check our coverage area map at <a href="http://www.oasischildren.com">www.oasischildren.com</a> to verify bus service area. <b># of Bus Weeks:</b> <input type="checkbox"/> 1 week \$65 <input type="checkbox"/> 2 weeks \$130 <input type="checkbox"/> 3 weeks \$195 <input type="checkbox"/> 4 weeks \$260 <input type="checkbox"/> 5 weeks \$325 <input type="checkbox"/> 6 weeks \$390 <input type="checkbox"/> 7 weeks \$455 <input type="checkbox"/> 8 weeks \$520	Regular camp drop off is 8:30am-9:00am For a weekly fee you may sign up for Early Drop Off which is 8:00 am to 8:30 am. <b># of Early Drop Off Weeks:</b> <input type="checkbox"/> 1 week \$30 <input type="checkbox"/> 2 weeks \$60 <input type="checkbox"/> 3 weeks \$90 <input type="checkbox"/> 4 weeks \$120 <input type="checkbox"/> 5 weeks \$150 <input type="checkbox"/> 6 weeks \$180 <input type="checkbox"/> 7 weeks \$210 <input type="checkbox"/> 8 weeks \$240	Regular camp pick up is 5:00pm-5:30pm For a weekly fee you may sign up for Late Pick Up which is 5:30 pm to 6:00 pm. <b># of Late Pick Up Weeks:</b> <input type="checkbox"/> 1 week \$30 <input type="checkbox"/> 2 weeks \$60 <input type="checkbox"/> 3 weeks \$90 <input type="checkbox"/> 4 weeks \$120 <input type="checkbox"/> 5 weeks \$150 <input type="checkbox"/> 6 weeks \$180 <input type="checkbox"/> 7 weeks \$210 <input type="checkbox"/> 8 weeks \$240	<b>Total Fees</b> Camp Fees \$ _____ + Bus Fees \$ _____ + Early Fees \$ _____ + Late Fees \$ _____ = <b>TOTAL FEES</b> \$ _____		

**Step 3:** Select Payment Option

**Payment Options**

**\*\* A Minimum Deposit of \$300 is due at the time of enrollment. The balance is due on May 28, 2010. \*\*** Applications received after May 28, 2010 must be accompanied by payment in full.

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 the 15<sup>th</sup> of each month, beginning with the month following the date of this application)

OR

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

1199 or  TWU: Member Name Print: \_\_\_\_\_ Member Signature \_\_\_\_\_

**Step 4: Payment Information** (Please check one)  Check  Cash **Credit Card:**  MasterCard  Visa  AmEx

Name on credit card Please Print **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ Total Amount to Charge Today: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Please return to: **Oasis in Central Park Teen Travel** ~ 20 Jay Street, Suite 802 ~ Brooklyn, NY 11201

\*\* Phone (646) 698-1800 ~ Fax (718) 855-2435 \*\* Or Visit our Web Site at: [www.oasischildren.com](http://www.oasischildren.com)

**\*Please be sure to fill out both sides of this form\***