

# Summer of 2010



Phone: 847-858-0415

## Registration

### ACCOUNT INFORMATION

(The account holder is the main contact and responsible for all financial obligations)

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Account First Name

Account Last Name

---

Camper Address

---

City

State

Zip

---

Home Phone Number

Email

---

Mother's First Name

Mother's Last Name

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Father's First Name

Father's Last Name

**Camper(s) Live With:**

Mother and Father

Mother

Father

Other

**How Did You Find Out About Oasis:**

Referral

Internet

Magazine Ad

Yellow Pages

Pioneer Press

Other: \_\_\_\_\_

Enroll Now! [www.OasisDayCamp.com](http://www.OasisDayCamp.com)

# Emergency Contacts



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Please list in order of importance all persons to be contacted in an emergency. Emergency contacts are also approved pick-ups.

## 1. Primary Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #2: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #3: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other

## 2.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #2: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #3: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other

## 3.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #2: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #3: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other

## 4.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #2: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #3: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other

## 5.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #2: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other  
Phone #3: \_\_\_\_\_ Type:  Home  Work  Cell  Pager  Other

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# Camper Information

Camper's First Name                      Camper's Last Name

Grade In School (spring 2010)              School Name              Friendship Request

Birth Date                                      Male/Female

T-Shirt Size:                      Child Small      Child Medium      Child Large  
Adult Small      Adult Medium      Adult Large      Adult X-Large

Swimming Level:      Can't Swim      Just Learning      Moderate      Proficient      Excellent

## HEALTH INFORMATION

Should we be aware of any medications, illnesses, or physical limitations?              Yes      No  
(If yes please fill out the medical checklist)

## MEDICAL CHECKLIST

Does your camper have any of the following conditions?  
Allergies              Asthma              Epilepsy              Other: \_\_\_\_\_

What causes of these conditions are you aware of?

**How severe is this condition?** (Please check one)

### Camp Protocol

Non-Life Threatening	Administer first aid, call parents, observe
Possibly Life Threatening	Administer first aid, call parents, observe, call 911 immediately if symptoms continue or worsen
Immediately Life Threatening	Administer first aid and call 911 immediately, be prepared to administer life saving first aid, monitor closely until life support arrives, call parents

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# Fees



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## 1. REGISTRATION

Early Registration (before April 5<sup>th</sup>) = \$100

Late Registration (after April 5<sup>th</sup>) = \$150

## 2. CAMPER(S) REGISTRATION FEES

1 NAME: \_\_\_\_\_ REGISTRATION FEE= \$ \_\_\_\_\_

2 NAME: \_\_\_\_\_ REGISTRATION FEE= \$ \_\_\_\_\_

3 NAME: \_\_\_\_\_ REGISTRATION FEE= \$ \_\_\_\_\_

**TOTAL REGISTRATION DUE= \$ \_\_\_\_\_**

## 3. TUITION

Oasis Pricing Options:	1 <sup>st</sup> Camper	Additional Camper(s)
<b>Weekly Rate</b>	\$366.70	\$350.00
<b>6 Week Discounted Rate</b>	\$2,050 (\$150.20 savings)	\$1,900 (\$200.00 savings)
<b>9 Week Discounted Rate</b>	\$2,925 (\$375.30 savings)	\$2,700 (\$450.00 savings)

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# Fees Continued



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## 4. WEEKS REGISTERED

CAMPER 1      NUMBER OF WEEKS= \_\_\_\_\_ = \$ \_\_\_\_\_      DATES ATTENDING \_\_\_\_\_

CAMPER 2      NUMBER OF WEEKS= \_\_\_\_\_ = \$ \_\_\_\_\_      DATES ATTENDING \_\_\_\_\_

CAMPER 3      NUMBER OF WEEKS= \_\_\_\_\_ = \$ \_\_\_\_\_      DATES ATTENDING \_\_\_\_\_

**TOTAL TUITION AMMOUNT = \$ \_\_\_\_\_**

## 5. PAYMENT CALCULATION

**TOTAL REGISTRATION** \_\_\_\_\_

**+ TOTAL TUITION** \_\_\_\_\_

**=TOTAL CAMP FEE AMOUNT:** \_\_\_\_\_

- PAY IN FULL
- REGISTRATION ONLY

Payment amount-total camp fee amount= \_\_\_\_\_ \*Balance due by May 17, 2010

# Payment Options



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## PAYMENT METHOD

### PayPal or Credit Card via PayPal

Please enter your email address below. An invoice will be sent from PayPal and you will have the option of using a credit card or a PayPal account.

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Email Address

\*\* You will be sent a second invoice for your account balance on May 17, 2010 \*\*

### Personal Check

Personal check / money order enclosed

Mail All Documents Required for Registration to:

Oasis Summer Day Camp, LLC.  
P.O. Box 1797  
Evanston, IL. 60201

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