

# Oasis 1<sup>st</sup> Grade Readiness Camp

## July 17<sup>th</sup>-21<sup>st</sup>

### \*2017 SUMMER CAMP REGISTRATION FORM\*

Please fill out one form per camper.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Homeroom Teacher \_\_\_\_\_ Gender: F M

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Alternate Phone: \_\_\_\_\_ Father's Alternate Phone: \_\_\_\_\_

Emergency Contact (Non-parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies or Medical Concerns: \_\_\_\_\_

#### TUITION

One Week: \$100 Payment Due at Sign-Up

Camp Tuition Total \$ \_\_\_\_\_

(pay online)

Log into <http://oasiselementaryschool.net/>

Parent Portal (Myschoolsbucks.com)

Click school store (at the top of the page)

Separate fee for after care\* Pay online @ Myschoolsbucks.com

Select First Grade Readiness Camp program to pay

After Care: \$ 75 (packed lunch needed)

After care total \$ \_\_\_\_\_

**\*\*Registration form will still need to be handed in to reserve campers spot even if paying online**

\*Bring a Snack Daily \*Wear Comfortable Clothes and Closed-Toed Shoes

#### Important Details

Camp Hours: 8:00-12:00 M-F

After Camp Care: 12:00-3:30 M-F

Arrival Time: 7:45-8:00

Pick-Up Time: 11:45-12:00

\*Please note that if you are late for pick up, you will be charged the entire price of after camp care

#### HOLD HARMLESS RELEASE

My signature below indicates that I release the Oasis First Grade Readiness Camp program and the City of Cape Coral, and any persons connected with said Camp/or City, from blame and responsibility in case of accident or injury incurred during the operation of these classes. There is no medical insurance coverage included in my registration fees. By participating in these programs, I assume my own medical insurance responsibilities.

I also agree that **no refunds** will be available after **May 26<sup>th</sup>, 2017**: Further, I hereby give full permission to use photographs, videotapes, recordings, or any other record of this event for archival and promotional purposes.

I understand that if I am not present by 12:00 PM to pick up my child, I will be charged \$25.00 per day that I am late.

Parent Guardian Name \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_