

Oasis Kindergarten Readiness Camp

July 17th-21st

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 \$ _____

Separate fee for after care*

After Care: \$ 75 (packed lunch needed)

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

****Registration form will still need to be handed in to reserve campers spot**

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

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 26th, 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 _____

If you have any questions please contact Michelle Williams.

Her email address is Michelle.Williams@capecharterschools.org