



**HUDSON CITIES SCHOOL (PS/IS 187)
After School Enrollment for Fall Semester 2009
September 8th – January 29th**

Application and Supply Fee for the
2009/10 school year: **\$100**

Family Information

Parent 1 Name: ___ Mr. ___ Ms. ___ Mrs. _____
(Primary contact for child)
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Email:** _____
Street: _____
City: _____ **State:** _____ **Zip:** _____
Parent 1 Social Security #: _____

Parent 2 Name: ___ Mr. ___ Ms. ___ Mrs. _____
(Secondary contact for child)
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Email:** _____
Street: _____
City: _____ **State:** _____ **Zip:** _____
Parent 2 Social Security #: _____

In case of emergency who else may we contact (other than a parent): _____ **Phone#:** _____
Their relationship to your child _____

Child Information

1st Child's Name: _____ **Date of Birth:** _____
Age: ___ **Gender:** ___ M ___ F **Teacher:** _____ **Grade:** _____

2nd Child's Name: _____ **Date of Birth:** _____
Age: ___ **Gender:** ___ M ___ F **Teacher:** _____ **Grade:** _____

Medical Information

Does your child have any allergies? Yes ___ **No** ___ **If yes, what?** _____ **Does your child have asthma? Yes** ___ **No** ___
Does your child have any other medical conditions that we should know about? Yes ___ **No** ___ **Please explain:** _____
Is there anything else we should know about your child in order to better assist us with his/her care **Yes** ___ **No** ___

Please explain:

Daily Enrollment Information

Please indicate the days you want your child to attend for the semester. Please note that the activities may be subject to change. Total # of Days per Week _____

Monday Tuesday Wednesday Thursday Friday Drop – In Only*

For Office Use Onl
Start Date: _____
Data Entry: _____
Finance Dept: _____

Enrollment Worksheet

Enrollment Days: Choose the number of days your children will attend Oasis (front of this application). 1st child # of days: ___ 2nd child # of days: ___

Payment Options:

Option A. Full Semester Fees (Sept. – Jan.)	Unlimited days per week
First Child – Full Semester Fee (in One Payment)	\$900
Additional Child(ren) - Full Semester Fee (in One Payment)	\$810

Option B. Installment Plan Amounts (Amount due on 8/1; 9/1; 10/1; 11/1; 1/1)	Unlimited days per week
First Child – Installment Plan	\$200
Additional Child (ren) – Installment Plan	\$180

Option C. Season Passes (Must be purchased by Sept. 30th)	Unlimited days per week
Gold Pass (Sept. – June) All program days, half days, and holiday programming days are included in this pass.	\$2100
Silver Pass (Sept. – June) All regular program days and half days are included in this pass.	\$1900

Step 3: Payment Method and Information

___ Pay in Full	___ 5 Installments
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___ Cash ___ Check
___ Master Card ___ Visa

Other Services:	
Specialty Classes (per semester)	\$65/Seme
Drop-In Service (3:00pm – 6:00pm)	\$22/day
Half-Day (11:30am - 6:00pm)	\$22/day
Holidays (8:30am – 6:00pm)	\$50/day

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

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

If choosing Option B, would you like us to charge your credit card automatically on the payment dates? ___ Yes ___ No

Agreement

1. I have read, understand and agree to Oasis After-School Policies and I understand and agree to the Payment Policies.
2. Oasis has permission for my child to participate in all programs, including field trips that are planned and supervised by Oasis.
3. Oasis has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to child behavior, Oasis is not obligated to refund tuition or any unused amount of the tuition.
4. Oasis has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose.
5. Oasis has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent/guardian or emergency contact cannot be contacted in an emergency, Oasis has the permission to have my child examined at a hospital emergency room.

Parent/Guardian Signature _____ Date: _____

**** Please fill out the front and back of this form. Thank you!***

Please return completed forms to: **Oasis** **20 Jay Street, Suite 802 **Brooklyn, NY 11201 ** Phone (646) 205-7783 **Fax (718) 855-2435