



"The Eagle's Nest"
2017 Summer Camp Registration

Camper Information

Camper's Full Name _____ Male ___ Female ___
Date of Birth _____ Age _____ (A camper must be 3 yrs old by December 31, 2016 and be potty trained.)
School Currently Attending (if applicable) _____ Year _____ Grade _____
Medical Concerns/Allergies _____

Parent Information

Father's Name _____ Mother's Name _____
Home Address _____
Father's Cell Phone _____ Work Phone _____ Email Address _____
Mother's Cell Phone _____ Work Phone _____ Email Address _____

Table with columns: June, Half Day, Full Day, Theme. Rows include All Month (4 Weeks) and July All Month (3 Weeks) with weekly breakdowns.

Table: June Camp Rates. Columns: Half Day, Full Day. Rows: All Month (4 Weeks), 1 Week.

Table: July Camp Rates. Columns: Half Day, Full Day. Rows: All Month (3 Weeks), 1 Week.

Payment:

A 50% non-refundable deposit is required at enrollment (applied toward final balance). The final payment is due June 1st.
We accept debit cards, credit cards, bank draft, and checks.
(Make your check payable to Oxford University School.) Please check your choice of payment for camp.

Credit Card ___ Debit Card ___ Bank Draft ___ Check ___ Number _____

By signing below, I am enrolling my child in OUS summer day camp. Enrollment is not complete until all materials and payment are received.

Date

Parent's/Guardian's Signature



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Oxford University School
Summer Camp
Parent Permission Form

In case of an emergency, Oxford University School it may be necessary to take your child off campus to the doctor or to the emergency room for treatment. Your child's teacher will attempt to contact you prior to taking your child anywhere. However, at times, parents are unavailable, and Oxford University School may need to take action prior to being able to contact you. Therefore, please sign below, giving Oxford University School staff permission to seek help for your child.

1. PERMISSION FOR EMERGENCY TRANSPORTATION

I give my permission for my child _____ to be driven off campus in the case of an emergency in Oxford. I understand that my child will be driven by a responsible school faculty or staff member who will not be held responsible if any accident should occur during transporting.

Parent's Signature _____ Date _____

2. PERMISSION FOR PUBLICITY

Oxford University School has my permission to have pictures taken of my child and to have them printed in articles that concern educational aspects of the student involved.

Parent's Signature _____ Date _____

Home Phone _____

Mother's Cell Phone _____ Dad's Cell Phone _____

Mother's Work Phone _____ Dad's Work Phone _____