



"Explore Your World"

Science and Discovery Center 2019 Summer Camp Registration Form

Fill out one registration form per camper. Complete both pages before you submit the form.

Student Name: (Last) _____ **(First)** _____

Nickname: _____ **Gender: M F** **Birthdate:** _____

Age: _____ **Grade Entering in 2019-2020 School Year:** _____

Parent/Guardian Name: (Last) _____ **(First)** _____ **Member: Y / N**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

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Camp Hours Full Day: 8:30am - 3:00pm Half Day: 8:30am - 11:30am	Before/After Care 8:00am - 8:30am 3:00pm - 5:00pm
Camp Fees Supply Fee - \$5 /week Full Day: \$150 /week Members - \$135 Half Day: \$100 /week Members - \$90 Late Pick Up Fee - \$25/day if not prearranged	Fees \$5/day Before care or \$7/day Before and After care <u>Parent must schedule at time of registration</u> \$50 non-refundable deposit to hold spot & balance due the Friday before the camp week

Camp Dates	Camp Title	Full Day	Half Day	Before Care Only	Before & After Care	Total Camp Fees	Amt Paid	Date
June 3-7	Reptiles & Amphibians							
June 10-14	Around the World							
June 17-21	Goopy Sciences							
June 24-28	Dino Dig							
July 1-5	NO CAMP							
July 8-12	Harry Potter & the "Magic" of Camp							
July 15-19	Buggin' Out							
July 22-26	Pirates, Mermaids & Under the Sea							
July 29-8/2	Barnyard Palooza							

Payment Information: **Total Camp Fee:** _____ **Method:** ___ CC ___ Cash ___ Check

Name on Credit Card: _____

Card Number: _____

Paid Amount: _____ **Exp. Date:** _____ **Security Code:** _____

****Please note - all preschool students must have a physical and their immunization record prior to attending.**

Emergency Contact and Pick-up Information: An individual **must** be on this list to pick up your child.

Name	Relationship to Child	Allowed to Pick Up Child (yes or no)	Contact Phone Number

Additional Information: *To be answered by parent or legal guardian.*

Explanation if answered yes:

Does the child have allergies?	___ Yes ___ No	
Does the child require any regular medications?.	___ Yes ___ No	
Are there any activities or exercises the child may not do?	___ Yes ___ No	
Are there any physical disabilities or chronic conditions?	___ Yes ___ No	
Are there any emotional or behavior disorders?	___ Yes ___ No	

****Admission/attendance in the Museum constitutes authorization to the Science and Discovery Center to use any images or video taken on site for commercial or social media purposes.**

Release Statement

I, the undersigned, do hereby give my full consent for the above named persons, including minor(s) to participate in the Science & Discovery Center’s programs. I agree to hold harmless the Science & Discovery Center and its officers, employees, volunteers and agents. Should any accident occur requiring medical care for my child, I give full consent to the providing of such care by a licensed physician. If my child should become a disciplinary problem in the opinion of the group leader, and by doing so seriously affect the quality of the trip or program for the other participants, I agree to pick up my child at a place designated by the representative of the Science & discovery Center, however inconvenient that may be. I acknowledge that depending on the type of program, other releases may be required. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recording and any other records of this event for any purpose whatsoever.

Signature of parent or legal guardian and/or adult registrant

Date

*Science & Discovery Center is a 501(c)(3) tax-exempt organization.
Tax ID number: 59-1540948

Send completed form to:
Science & Discovery Center
308 Airport Road
Panama City, FL 32405
sdcsdc@sdcnwfl.org
Phone: 850-769-6128
Fax: 850-769-6129
www.scienceanddiscoverycenter.org