

Science Adventure Camp Registration Form

All fields are required for registration. Please use a separate form for each individual child.

Pricing	First Camp	Additional Camps	Before Care	After Care
SciTech Member	\$210	\$200	\$20/week/child	\$40/week/child
Non-Member	\$225	\$215	same	same

All camps begin at 9am and end at 3pm. Before Care is from **8-9am**. After Care is from **3-5pm**.

There is a **late pick up fee of \$15 per child** per incident in the afternoon.

Child's Name: _____

Parent's Name: _____

Address: _____

City and Zip: _____

Telephone: Home _____ Work _____ Cell/Pgr _____

Email Address: _____

Camp Name: _____ Camp Code: _____ Dates: _____

Camp Name: _____ Camp Code: _____ Dates: _____

Please attach additional sheet if you are signing up for more camps

Total Camps Tuition: \$ _____

Before/After Care: \$ _____

Total Due: \$ _____

Method Of Payment:

Mastercard _____ Visa _____ Check _____ Money Order _____

Credit Card # _____ Exp. Date _____

Last 3 #s on back of card: _____

Name on Card: _____

Signature _____

Emergency Contact:

Contact 1 Name: _____

Relationship to Child: _____

Telephone: Home _____ Work _____ Cell/Pgr _____

Contact 2 Name: _____

Relationship to Child: _____

Telephone: Home _____ Work _____ Cell/Pgr _____

Emergency Treatment:

In an emergency during the time my child is participating in an organized program at SciTech, I authorize SciTech officials to secure from any licensed hospital, physician, and/or medical personnel treatment deemed necessary for my child's immediate care. I agree to be responsible for payment of any and all medical services.

Name of Health Insurer: _____ Policy # (if known): _____

I understand and accept the conditions of this release statement

X _____ Date _____

Release Agreement:

I agree to allow SciTech to use my child's photograph in promotional materials about SciTech. I understand that no fee, wage, salary, or other compensation will be rendered in exchange, unless otherwise stipulated on this form.

* Promotional material may be used in the following places - please check all that are acceptable:

Newspaper _____ Magazine _____ Videotape _____

I consent to allow SciTech to use my child's photo in promotional materials about SciTech under the same terms listed above

Child's Name _____ Age _____ Parent Signature X _____

Liability Waiver:

I release SciTech from any and all liability and responsibility for all mishaps arising during organized programs provided SciTech has acted in a prudent and responsible manner.

Field Trip Permission:

SciTech is located in the historic district on Stolp Island in downtown Aurora. Within blocks are a rich variety of resources. I give my permission for my child to walk, escorted by SciTech staff, to possible field trip sites nearby. I also give permission for my child to ride a bus, accompanied by SciTech staff, to possible field trip destinations.

* I have read and understand these policies X _____

Please Note:

Some children may have special needs that we at SciTech need to be aware of in order to provide the best possible experience during our summer camps. Please describe any allergies, behavioral guidance needed, medical or other pertinent factors that our teachers should keep in mind in providing for your child, on a separate sheet .