

DISCOVERY KIDS SUMMER CAMP REGISTRATION FORM

How to register your child - don't be disappointed, camps fill quickly - register early

1. Complete both sides of this form and drop off or mail with full payment and one time registration fee of \$10 to The Discovery Center, 60 Morgan Road, Binghamton, NY 13903. You will receive a confirmation (phone or email) within one week of receipt of registration. If you do not hear from us, please call 607-773-8661 x 201.

2. Camp fees are \$55 per camper per half day session for members and \$60 per camper per half day session for nonmembers. A one time \$10 registration fee is required for each camper for the 2009 camp season (includes DC T-shirt). Early drop off fee (8-9am) is \$15 per week and late pick up fee (4-5:30pm) is \$15 per week per camper.

Child's Name: _____ Age: _____

Parent's Name: _____ Phone: _____

Home Phone(s): _____ Cell Phone(s): _____

Guardian(s): _____ Relation to Child: _____

Address : _____

Work Phone(s): _____

Email: _____

Discovery Center Member: Yes (), No (). *For your convenience there is a membership form included in brochure.*

Before/After Care

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

Camp: _____ Session/Time: _____ Early () Late () Fee: _____

To register for more camps, please attach an additional sheet.

Total Amount Enclosed: _____ Check #: _____ Please make payable to: The Discovery Center.

Visa/MasterCard #: _____ Expiration Date: _____

The Discovery Center of the Southern Tier, 60 Morgan Road, Binghamton, NY 13903

CHILD INFORMATION SHEET

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

HEALTH HISTORY OF CHILD: *This is kept confidential.*

Attach additional sheet if necessary

Please list any allergies: _____

Describe your child's allergic reaction: _____

Other medical concerns: _____

Medications being used: _____

Please note that The Discovery Center cannot dispense any medications. Do not send any medications to camp with your child.

Does your child wear: glasses(), contact lenses(), hearing aid(), corrective shoes(), prosthesis()?

Any other information concerning your child's health that we should be aware of: _____

Child's Physician: _____ Phone # _____

Child's Dentist: _____ Phone # _____

My child has no condition that would prevent him/her from participating in the program or that the program's normal activities would aggravate: Yes(), No(). *If yes, explain in detail on an attached additional sheet.*

RELEASE INFORMATION:

Under no circumstances will a child be released to anyone without your written authorization. Photo identification is required for release to the following individuals.

I give authorization for the following people to pick my child up from The Discovery Center's programs:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If applicable, please specify any individuals for whom there is a restraining order or custody restriction:

Unless we have a copy of a court order prohibiting the release of a child to one of the child's parents, it is legal for your child to be released to either parent.

Emergency Contact: _____ Phone: _____

In the event that neither I nor my designee can not be contacted at the time of a medical emergency, I consent to emergency treatment determined necessary by a qualified physician.

Parent/Guardian signature: _____ Date: _____

Authorization and Consent

As parent, legal guardian or agency representing the child named above, I hereby give consent to enroll my child in the specified program(s) operated by The Discovery Center of the Southern Tier. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. Failure to do so will result in dismissal from program without refund. The Discovery Center staff will do its best to ensure a safe experience, however I understand that accidents do occur. I hereby release The Discovery Center of the Southern Tier, Inc. from any and all responsibility and liability of any nature resulting in my child's participation in any program accident including claims for any injury, illness, death, loss or damage. My signature gives The Discovery Center permission to use all photos and videos taken during programs for promotional purposes. To opt out of this, I will submit request in writing. I have informed camp staff of my child's medical conditions. All information given is accurate and true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____