

Discovery Kids Summer Camps 2018
CHILD INFORMATION SHEET

Child's Name: _____ Date of Birth: _____ Shirt Size: _____

Parent's Name: _____ Phone: _____

Parent's Name: _____ Phone: _____

Address: _____

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 # _____

Does your child have a 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 Discovery Center Camps:

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 DCST staff of my child's medical conditions. All information given is accurate and true to the best of my knowledge.

Parent Signature: _____ Date: _____

DISCOVERY KIDS 2018 SUMMER CAMP REGISTRATION FORM

1. Complete registration and child information sheet and drop off or mail (or register online). Full payment and one time registration fee of \$14 must accompany registration (no refunds – program credits only). Send to The Discovery Center, 60 Morgan Road, Binghamton, NY 13903 www.thediscoverycenter.org Questions? 607-773-8661 x209.
2. Camp fees are \$78 per camper per half day session for members and \$83 per camper per half day session for nonmembers. A one-time \$14 registration fee is required for each camper for the 2018 camp season (includes camp t-shirt). Early drop off fee (8-9am breakfast included) is \$23 per week per camper and late pick up fee (4-5:30pm) is \$23 per week per camper; before or after care available on weekly basis only. All camp fees due at time of registration.
3. Please note that registration for summer camps closes at 4PM the Thursday before each session begins. There will be **no on-site registrations**.

Discovery Center Member: Yes(), No(). *Join online or download a membership form: www.thediscoverycenter.org*

Camp Information

| | | | | | | |
|-------------|------------------|-------------|-------------|------------------------------------|-----------------------------------|------------|
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |
| Week: _____ | Age Group: _____ | Camp: _____ | AM/PM _____ | Early (<input type="checkbox"/>) | Late (<input type="checkbox"/>) | Fee: _____ |

Before/After Care

| | | |
|-------------------------------|--|---------------------------------------|
| Camp Subtotal \$ _____ | | Registration Fee + \$14 |
| Camp Total \$ _____ | | |

Check #: _____ *Please make checks payable to: The Discovery Center**

Discover/Visa/MasterCard #: _____ Expiration Date: _____

*\$35 fee for returned checks

The Discovery Center of the Southern Tier, 60 Morgan Road, Binghamton, NY 13903. www.thediscoverycenter.org

