

School's Out Camp Classes: K-5

Registration Form 2017-2018 School Year. Sign up for one or more days!



Information and Registration - You can register online at www.explora.us.

For information or registration, you can also call 505-224-8341, or e-mail: reservations@explora.us. The reservations office is open Monday through Friday, 9 am to 5 pm. *Para español, llame al 505-224-8323, de lunes a viernes, de 9 am a 5 pm.*

Registration must be accompanied by full payment: cash, checks made payable to Explora, VISA, MasterCard, Discover or American Express. For mail-in registration, complete this form and send it with payment to:

Explora, 1701 Mountain Rd. NW, Albuquerque, NM 87104.

Cancelation Policy

If a cancelation is received at least 5 business days before the first class, a refund will be issued for the amount minus a 15% administration fee. Cancelations received fewer than 5 business days before the first class will not be refunded. Full fees will be refunded if Explora cancels a program.

1st Child's Name: _____ Age: _____ Grade _____ Date of Birth: _____

2nd Child's Name: _____ Age: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Day Phone: (____) _____ Alternate Phone: (____) _____

E-mail: _____

We will email information to you about camp, along with updates about Explora events, programs, news.

OPTIONAL! Before & After Camp Care is available 8-9 am & 4:30-5:30 pm.

Sign up in advance, or drop in. Rate is \$5 per child per morning or afternoon.

Please list your camp choices:

Check to add optional before or after care:

Class Date	Child's Name	Grade Group	Morning Care	Afternoon Care
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total fees:

Before or After Care - \$ 5 per child per morning or afternoon;

Labor Day, Fall Break, President's Day: per camp, per child - \$75 member/\$90 non-member

Makey Makey Camp - \$110 member/\$125 non-member

Camp fees\$ _____ + Care _____ =Total\$ _____

Explora Membership Status: Member Non-Member

Payment Method: Check #: _____ Credit Card: VISA MasterCard Discover American Express

Credit Card Number: _____ Exp. Date: _____

Cardholder's Signature: _____ Date: _____

EMERGENCY CONTACTS	
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

Child's Insurance Provider: _____

List all person(s) allowed to pick up the child (even if listed above):

ANYONE PICKING UP YOUR CHILD MUST BE PREPARED TO SHOW A PICTURE ID

Please provide information on any medical, psychological or behavioral conditions as well as any allergies or special needs that we should be aware of to ensure a positive experience for you child.

Please list any prescription medications needed by your child. Be aware that Explora staff is not responsible for dispensing medication.

AUTHORIZATION FOR MEDICAL TREATMENT

Explora wishes to avoid difficulties in obtaining medical services for children who may become ill or injured during Explora activities. As the parent/guardian of a child participation in an Explora sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention or surgery for your child in case an emergency occurs. If no consent is given, you must provide a written statement of procedures to be followed if your child is injured or becomes ill during the activity.

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services given. If we are unable to contact you, Explora staff will consent to such services for your child by acting on your behalf based on written authorization. That authorization is the consent below.

I, the parent/guardian of _____, have read the above and hereby designate Explora staff to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, or surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in Explora sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

(Signing this release is not a requirement for participation in Explora programs)

I, _____, parent or guardian of _____, give permission for photos/videos to be taken of the child listed above. Images or sound recorded may be used in such items as but not limited to Explora's newsletter, web site, flyers, brochures, newspapers, banners, magazines, or other promotional or documentary items.

Signature: _____ Date: _____