

Growing a Scientist™

For ages 2½ with their adults, at Explora



Ideas You Can Touch
Ideas que puedes tocar

Registration Form Spring 2019

Information and Registration

You can get activity details and register online at www.explora.us, or call 505-224-8341, or e-mail: reservations@explora.us. Para español, llame al 505-224-8323.

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.

Cancellation Policy

If a cancellation is received at least 5 business days before the first class, a refund will be issued for the amount minus a 15% administration fee. Cancellations 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: _____ Date of Birth: _____

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

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

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

E-mail: _____

YES! Keep me informed: Check this box to get emails about Explora events, programs, and news.

Class Session Preference (Choose one): Wed. (am) Thurs. (am) Fri. (am) Sat. (am) Sat. (pm)

Membership Status: Member Non-member

Total fees (cost per participant is \$140 member/\$160 non-member): \$ _____

Check #: _____

Credit Card: VISA MasterCard Discover American Express

Credit Card #: _____ 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 participating 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: _____