

# Home School Exploration Series

For K–8th graders, at Explora



## Registration Form Spring 2019

### Information and Registration

You can get activity details and register online at [www.explora.us](http://www.explora.us), or call 505-224-8341, or e-mail: [reservations@explora.us](mailto: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.

### 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.

1<sup>st</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2<sup>st</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Session:      Monday 11am–12pm                      Monday 1–2pm                      Tuesday: 1pm–2pm  
 K–2 (5–7 yrs)                       K–2 (5–7 yrs)       6–8 (11–13 yrs)                       K–2 (5–7 yrs)  
 3–5 (8–10 yrs)                       3–5 (8–10 yrs)                       3–5 (8–10 yrs)

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.

Total fees (cost per participant per semester-long class is \$95 member/\$110 non-member): \_\_\_\_\_

Check #: \_\_\_\_\_ Credit Card:  VISA       MasterCard       Discover       American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent chaperone date selection:

Chaperones are needed for each K – 2<sup>nd</sup> and 3<sup>rd</sup> – 5<sup>th</sup> grade class.

During the first class, please plan to select the three or four classes you can chaperone this semester.

Thank you.

<b>EMERGENCY CONTACTS</b>	
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 ←←**

Allergies and Medications: Note any information about allergies and/or medications. Please be aware that Explora staff is not responsible for dispensing medication.

Supports: Please provide any information (related to physical, emotional, developmental, sensory, or other needs) that could help to make the camp experience more successful or your camper.

**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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION RELEASE**

If the camp you are registering for requires a transportation release, email [campcoordinator@explora.us](mailto:campcoordinator@explora.us)