



iexplora!

Ideas You Can Touch
Ideas que puedes tocar

Spring Break Daily Camp Classes

Registration form Spring 2019 - 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 send you email information about camp, and updates about Explora events, programs, news.

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

Sign up in advance for Before & After Care Combo \$10/day per child.

Or, you can opt to drop in, pay as you go, \$5 per child per morning or afternoon.

Class Date & Title	Grade Group	Child's Name	Check to add optional Before & After Care Combo
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Total fees:

Before or After Care - \$10 per combo 1 day, morning and afternoon, per child per day

Camp, Pre-K, morning, per class, per child - \$30 member/\$40 non-member

Camp, K-6th, all day, per class, per child - \$60 member/\$80 non-member

Tech Girls Camp, 4-8th, 2-day camp, per child - \$25

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 ←←

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