

Summer Camp

Registration Form

_____ / _____
*Child's Last Name,

* First Initial

Child's Information: ***Required Field**

*Child's Full Name		Child's Preferred Name
*Date of Birth __/__/__	*Age	*Grade Entering In Fall

Parent/Guardian Contact Information: ***Required Field**

*Parent/Guardian (First and Last name):		*Relationship to Child:	
*Street Address:			*City:
*State:	*Zip Code:	*Primary Phone: ()	Secondary Phone: ()
*Valid Email Address:		*Legal Custody? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*Parent/Guardian (First and Last name):		*Relationship to Child:	
*Street Address:			*City:
*State:	*Zip Code:	*Primary Phone: ()	Secondary Phone: ()
Valid Email Address:		*Legal Custody? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Emergency Contact Information: *other than Parent/Guardian(s)* ***Required Field**

*1 st Emergency Contact (First and Last name):		*Relationship to Child:	
*Street Address:			*City:
*State:	*Zip Code:	*Primary Phone: ()	Secondary Phone: ()

*2 nd Emergency Contact (First and Last name):		*Relationship to Child:	
*Street Address:			*City:
*State:	*Zip Code:	*Primary Phone: ()	*Secondary Phone: ()

Payment: Advance registration and payment are required. Registration closes 5:00 pm on Monday the week before class. No discount for partial attendance.

Cancellation policy: Refunds are available through the close of registration, minus 10%. Discovery Center reserves the right to cancel events; in which case, a full refund will be issued.

Parent Statement of Understanding

- I understand that my child will not be released to any person(s) not listed on the enrollment form
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving. **Sign-in/sign-out sheets are available as you arrive at the classrooms.**
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be on this form.**
- I understand that the Discovery Center Museum Staff is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that upon registering my child for summer camp at Discovery Center Museum, that I authorize Discovery Center Museum staff the right to take photographs and/or video of my child during camp for the use of promotional purposes. I understand that these photos and/or videos of my child may be used in promotional materials on social media, website, newspaper, and/or print. **If you would like to exempt your child from promotional photography, please call: 8159722843**

*Signature of Parent/Guardian

	Date
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Statement of Authorization

1. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parent or guardians to arrange for the child to be picked up from the museum as soon as possible.
2. My signature authorizes the management and staff of Discovery Center Museum and Rockford Park District to act for me according to their best judgement in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by the Discovery Center Museum, Rockford Park District, or hospital or health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Discovery Center Museum from any and all liability and/or financial responsibility for any medical expenses incurred.

*By Signing below, you are authorizing the above.

Parent/Guardian signature	Date
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Physician and Clinic Information: **Required Field*

*Name of Child's Primary Care Physician or Primary Care:		*Phone:
*Street Address:		*City:
*State:	*Zip Code:	
*Preferred Hospital:		

Health Information: **Required Field*

*Does your child have any Food or Dietary Restrictions?	YES	NO	Please Describe Restrictions and Reactions:
*Does Your child have any other Allergies?	YES	NO	Please Describe restrictions and reactions:
*Does your child own an EpiPen?	YES	NO	
*Does your child own a rescue inhaler?	YES	NO	
*Does your child own any other emergency medication?	YES	NO	Please list:
*Does your child take any medications or supplements on a regular basis?	YES	NO	Please list medication and dose information:
*Are there any other physical or respiratory limitations or considerations that would affect your child at camp?	YES	NO	Please Describe limitations, consideration, and reactions:

Academic Needs/Considerations **Required Field*

*Is there any additional academic assistance that your child needs to be successful at Discovery Center Museum Summer Camp(s)?	YES	NO	Describe:
*Is there anything else we should know about your child to help them learn, grow, and exceed at Discovery Center Museum Summer Camp(s)?	YES	NO	Describe: