

Science Quest Summer Camp Registration Form Pre-K – 8th grade

Child's Name _____ Date of Birth _____ Age _____ Grade _____ Boy Girl

Child's School _____

Parent/Guardian Name _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Work # _____ Cell # _____

Emergency Contact (other than parent) _____ Phone # _____

How did you hear about Science Quest? _____

Please **check** session(s) your child will attend:

<input type="checkbox"/> Edible Science (May 31 – June 3) <input type="checkbox"/> <i>Half Day 8am -12:00pm</i> <input type="checkbox"/> <i>Full Day 8am – 3:00pm</i> <input type="checkbox"/> <i>Full Day with Extended Care 8am -5:00pm</i>	<input type="checkbox"/> The Curious Chemist (June 13 – June 17) <input type="checkbox"/> <i>Half Day 8am -12:00pm</i> <input type="checkbox"/> <i>Full Day 8am – 3:00pm</i> <input type="checkbox"/> <i>Full Day with Extended Care 8am -5:00pm</i>
<input type="checkbox"/> Electricity and Magnetism (June 20 – June 24) <input type="checkbox"/> <i>Half Day 8am -12:00pm</i> <input type="checkbox"/> <i>Full Day 8am – 3:00pm</i> <input type="checkbox"/> <i>Full Day with Extended Care 8am -5:00pm</i>	<input type="checkbox"/> Work and Simple Machines (July 27 – July 1) <input type="checkbox"/> <i>Half Day 8am -12:00pm</i> <input type="checkbox"/> <i>Full Day 8am – 3:00pm</i> <input type="checkbox"/> <i>Full Day with Extended Care 8am -5:00pm</i>

You **MUST** list below any person including parent/guardian who has permission to pick up your child from camp:

Name _____ Phone # _____ Relationship _____

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Science Quest: 2016 Summer Camp Policies and Procedures

1. Parent/Guardian must physically sign out their child EACH DAY. No child will be allowed to leave camp with anyone other than those listed on his/her registration.
2. Campers must bring their mid-day snack, lunch and drinks daily. Campers must dress appropriately for science lab. No open toe shoes.
3. Money, electronic games, personal items, etc. are prohibited. Science Quest is not responsible for lost money or personal items brought to camp.
4. Science Quest considers attending camp a privilege and will not allow unruly or disruptive behavior from any of its campers. If any child becomes a discipline problem, he/she may be subject to suspension and/or expulsion from camp.

Waiver: We the parent/guardian of _____, understand that the camp employees and Science Quest are not responsible for any liability arising out of participation in their programs. In addition, I grant to Science Quest, its representatives and employees the right to take photographs of my child in connection with Science Quest Day Camp. I agree that Science Quest may use such photographs of my child without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature _____ Date _____

Assessment Form: Child's Name: _____

What is your preferred hospital, if there is an emergency? _____

What is your child's health insurance? _____

Does camper have any condition (e.g., mental, physical, emotional, non-verbal), either identified above or otherwise, which might affect their health or well-being, the well-being of others, or affect their ability to engage in camp activities? If so, please describe. _____

Does your child have an allergy, including food allergies? _____

____ If yes, please mark what type of reaction your child has occurred to help us be prepared: ___ Hives ___ Rash ___ Difficulty Breathing ___ Local Swelling ___ Wheezing ___ Nausea ___ Other _____

Does your child have any condition (e.g., mental, physical, emotional, non-verbal), either identified above or otherwise, which might affect their health or well-being, the well-being of others, or affect their ability to engage in camp activities? If so, please describe. _____

Does your child have asthma? ___yes ___no If yes, what triggers: ___environmental ___other _____

What are the symptoms? ___chest tightness, discomfort, or pain ___Difficulty breathing ___ Wheezing ___Other _____

What do you want us to know about your child? _____

NOTE: If the above information is not completed, then registration will be considered incomplete.

2016 Summer Camp Fees

Half Day Hours: 8:00a.m. – 12:00 p.m. **\$115/week**

Full Day Hours: 8:00a.m. – 3:00 p.m. **\$175/week**

Full Day with **Extended Care**: 8:00 a.m. – 5:00p.m. **\$205/week**

***plus one time registration/materials fee of \$70**

There is **\$5 discount** for each session payment received before **May 1, 2016**. Use coupon code **SUMMER2016** when making your payment online.

*If student attends multiple sessions, materials/registration fee only collected once. *Student must bring their own mid-day snack, water bottle, extended day snack, lunch and drink

There is **\$5 discount** for each session payment received before **May 1, 2016**. Payment for the each session is due by the **Wednesday** before each new session. **A \$20 late fee is assessed for payment received after Wednesday.**

Payment Options:

Registration forms can be scanned/or a photo from your phone and emailed to the following address sciencequestbr@gmail.com or sent via U.S. mail to the mailing address listed below:

1. Please make checks payable to Science Quest and mail to the following address to confirm you child's space.

2. Via **PayPal** on the website: www.sciencequestbr.org

Mailing Address:

Science Quest ▪ 8925 Orleans Drive ▪ Baton Rouge, LA 70810

Parent/Guardian Signature _____ Date _____