



Adventures In Space Summer Camp 2016 Registration Form

Please Fill Out One Form Per Child

NOTE: Both the **registration** and **medical information** must be completed and submitted along with payment for sessions you wish your child to attend. Filling out this form does **not** guarantee your child a place in one of our Summer Adventures in Space. Your **confirmation letter** is your guarantee of a reservation.

Student Name _____ Date of Birth _____ Male ___ Female ___

School _____ Grade (Fall 2016) _____ Age _____

Parents' Names _____

Address _____ APT/Unit _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____ Cell Phone _____

Email _____ Email _____

I give permission for my child's photo to be used for advertising or where the Challenger Space Center sees fit: Yes ___ No ___

T-Shirt Size (included with registration)-please circle one: Child: S M L XL Adult: S M L XL

Summer Camp Adventures

Astro-Tots, Mercury, & Gemini: Half Day: \$110/week or Full Day: \$220/week

Apollo Full Day: \$250/week

AfterCare Program: \$40/week (pre-registered) or \$10/day (drop in rate)

Early Riser Program: \$40/week (pre-registered) or \$10/day (drop in rate)

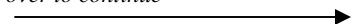
Astro-Tots (Kindergarten-1st grade) | Session Dates: _____
9:00am-12:00pm ___ 1:00pm-4:00pm ___ Full Day: 9:00am-4:00pm ___ After-care: 4:00pm-6:00pm ___ Early Riser: 7:30am-8:30am ___

Mercury (2nd grade- 3rd grade) | Session Dates: _____
9:00am-12:00pm ___ 1:00pm-4:00pm ___ Full Day: 9:00am-4:00pm ___ After-care: 4:00pm-6:00pm ___ Early Riser: 7:30am-8:30am ___

Gemini (4th grade- 5th grade) | Session Dates: _____
9:00am-12:00pm ___ 1:00pm-4:00pm ___ Full Day: 9:00am-4:00pm ___ After-care: 4:00pm-6:00pm ___ Early Riser: 7:30am-8:30am ___

Apollo (6th grade- 8th grade) Session Dates: _____
Full Day: 9:00am-4:00pm ___ After-care: 4:00pm-6:00pm ___ Early Riser: 7:30am-8:30am ___

Please turn over to continue



Please note and initial the following items:

- 1. Students attending full day camps must bring a sack lunch.
- 2. Photo ID will be required for drop off and pick up of all students.
- 3. Students not picked up by 4:00pm will be automatically entered into After-Care at the rate of \$10/day (if not already enrolled).
- 4. There will be a \$1 fee per minute charged for late pick up after 5:30pm if child is in after-care.
- 5. Due to the popularity of these classes and the limited space, cancellation refunds are not available.
- 6. All electronic devices, toys, & games are to be safely kept at home. Challenger Space Center is not responsible for these items.

Emergency Contacts: *In the case of an emergency, please list the individuals whom you wish to be contacted if the Challenger Space Center is unable to contact you at the numbers listed above. One contact must be other than parent or guardian.*

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Non-Parent Release Information: *If you are planning on someone other than a parent to pick your child up from camp, please list names here. Individuals will be required to show valid ID upon pick up. Individuals not listed on this form will NOT be allowed to pick up your child from camp without written consent—NO exceptions.*

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

Medical Information: *we know your child's health and well being is important. So if there is anything not listed here that you think we should know, please make sure to give us a call. We will make sure it's noted and staff members are aware.*

Physician _____ Phone _____

Preferred Hospital _____ Insurance Provider _____

Please list any important medical conditions, allergies, or medications that the Challenger Space Center needs to know about.

Emergency Release Statement

In the event of a potentially life-threatening or severe emergency, if the Challenger Space Center staff is unable to contact me or an emergency contact listed above, I, _____ authorize the Challenger Space Center to reasonably act on my behalf concerning my child, _____.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

Please make checks payable to: **Challenger Space Center**
If you would like to pay via credit card please call (623)-322-2020

Please Mail or Fax Forms to:

Challenger Space Center
Attn: Camp Registration
21170 N. 83rd Avenue
Peoria, AZ 85382
Ph: (623)-322-2020
F: (623)-322-3716
ddesimone@azchallenger.net
www.AZchallenger.org