

MON-FRI
7AM-6PM

YOUNG EXPLORERS ENRICHMENT CENTER'S

K-5 KIDS

SUMMERCAMP

AT SIMPSON-GILLESPIE UNITED METHODIST CHURCH

REGISTRATION FEE

\$75*

(INCLUDES CAMP T-SHIRT
& ACTIVITY FEES)

**JUNE 10 to
AUGUST 28**



**REGISTRATION
PAYMENT PLAN
AVAILABLE NOW
THRU JUNE 1**

FOR ONLY

\$125 /WK

\$115/ EA. ADDL. CHILD

***NOTE: MUST HAVE
CAROWINDS SEASON PASS**



In order to complete your application, please complete the following forms. Below is a checklist of each part you must complete and return to our offices, **no later** than **June 1, 2020**.

- ☐ **Page 2**
- ☐ **Page 3**
- ☐ **Sign and date Terms and Conditions**
- ☐ **Submit payment**

*If you are enrolling multiple campers, please send along all pages and Terms and Conditions, for each child.

E-mail all applications to **youngexplorerscenters@gmail.com**.
Send Registration fee via **PayPal** or **online payment**.

REGISTRATION FORM

CHILD INFO

Student ID# _____

First _____ MI _____ Last _____ ☐ Male ☐ Female
School Name _____ Grade _____ Birth date ____/____/____ Age _____

PARENT/GUARDIAN INFO

Parent/Guardian #1

First _____ Last _____ ☐ Mr. ☐ Mrs. ☐ Ms.
Street Address _____
Town/City _____ State _____ Zip code _____ Daytime Phone _____
Evening/Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ ☐ Mr. ☐ Mrs. ☐ Ms.
Street Address _____
Town/City _____ State _____ Zip code _____ Daytime Phone _____
Evening/Cell phone _____ E-mail _____
Child lives with: _____ Person responsible for payment _____

EMERGENCY CONTACT INFO

Alternate Pickup/Release

Code Word: _____

Name	Phone #	Email	Relationship to Child

Please list those people, in addition to parents/guardians, who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

MEDICAL RELEASE INFO

Insurance Information

Policy Number _____ Health Insurance Provider _____
Primary Physician _____ Phone _____
Address _____
Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required Treatment	Call Paramedics?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

REGISTRATION FORM

MEDICAL RELEASE INFO

Additional Medical Information

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

☐ Yes ☐ No If yes, explain: _____

Is your child allergic to any type of food or medication?

☐ Yes ☐ No If yes, explain: _____

Does your child require a special diet?

☐ Yes ☐ No If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Young Explorers Enrichment Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TERMS OF AGREEMENT

Photo Release

I hereby give permission for my child to be photographed during the **Young Explorers Enrichment Center**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the Internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Young Explorers Enrichment Center and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Young Explorers Enrichment Center** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Young Explorers Enrichment Center and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

INTERNAL USE ONLY:

How did you heard about Young Explorers Enrichment Center?

☐ Yard Sign ☐ Website ☐ School _____ ☐ Word of Mouth ☐ Flyer ☐ Social Media
☐ Other _____

REGISTRATION FORM

Child's Name _____ Grade _____ Age _____

REGISTRATION FEE

\$75

FEE INCLUDES:

- EDUCATIONAL MATERIAL
- CAMP T-SHIRT
- FIELD TRIPS
- ACTIVITY FEES

WEEKLY CAMP FEE

\$125/ \$115

EA. ADDL. CHILD

ACTIVITIES INCLUDE:

- SCIENCE EXPERIMENTS
- MATH, LITERACY & CULTURAL ENRICHMENT
- BREAKFAST, LUNCH & SNACKS
- AND MUCH MORE

**REGISTRATION
PAYMENT PLAN
AVAILABLE**



**CAROWINDS
SEASON PASS
REQUIRED**

PICK YOUR WEEKS

JUNE

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	10	11	12	13
<input type="checkbox"/> 14	15	16	17	18	19	20
<input type="checkbox"/> 21	22	23	24	25	26	27
<input type="checkbox"/> 28	29	30				

JULY

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
<input type="checkbox"/> 5	6	7	8	9	10	11
<input type="checkbox"/> 12	13	14	15	16	17	18
<input type="checkbox"/> 19	20	21	22	23	24	25
<input type="checkbox"/> 26	27	28	29	30	31	

AUGUST

Su	Mo	Tu	We	Th	Fr	Sa
						1
<input type="checkbox"/> 2	3	4	5	6	7	8
<input type="checkbox"/> 9	10	11	12	13	14	15
<input type="checkbox"/> 16	17	18	19	20	21	22
<input type="checkbox"/> 23	24	25	26	27	28	29
30	31					

PAYMENT INFO

If paying per week, please note that payments are due on **Fridays by noon** before selected attendance week.

I will be paying by ☐ PayPal ☐ Cash

Payment Policy

Fees received after due date and time will result in an additional \$20 charge.