

# After School Explorations 2009– 2010 Application




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Child's Name                      Likes to be called                      Age                      Date of Birth                      Grade

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Parent/Guardian Name                      Street Address                      City                      State      Zip

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Home Phone                      Work Phone                      Cell Phone                      Fax      *Indicate best number to reach you*

YES                      NO

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Email Address                      Would you like to be added to our e-mail list?

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Please indicate which dates you would like care for your child.

**Payment:**

Prices vary, so please discuss your after school needs with Andrea Stogner to determine cost.

Would you like us to automatically charge the monthly fee?     Y     N

If so, please provide your credit card information.

**Payment Options:**

Check, Visa, MasterCard, American Express

Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_

Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

**Program Details:**

The program runs 9/7/09– 6/9/10 and serves K-5 students. The hours are 3:00p– 6:00p. Parents are responsible for drop off and pick up at Great Explorations.

**Questions:**

Please contact Andrea Stogner at 727.821.8992 x215 or astogner@greatex.org

**Liability Release:**

I, the undersigned parent or legal guardian, release Great Explorations, or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal article while on the premises or participating in any activity sponsored by Great Explorations. I also permit Great Explorations to seek medical treatment as deemed appropriate through EMS/911 and or local hospitals.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo Release:**

Great Explorations has my consent to photograph my child for public relations or archival purposes only.

Please Circle: **YES**    **NO**    Initials: \_\_\_\_\_

# PICK UP/DROP OFF INFORMATION FORM

\_\_\_\_\_  
Camper's Name (please print)

Please tell us here if you have any special requests or sensitive needs for your child. Please also include if there is a person who should NOT be picking up your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the safety of your children, a PHOTO ID must accompany every person permitted to pick up your child. There will be no exceptions to this policy. If you would like someone to pick up your child who is not on the list, please send written notification prior to the date that individual will pick up your child. All children must be picked up INSIDE the museum building. For safety purposes, children will not be escorted to cars in the parking lot by camp staff.

Please PRINT the names, contact phone number and relationship to the child of everyone you will permit to pick up your child.

Name	Contact Phone #	Relationship to Child

## MEDICAL RELEASE FORM

I hereby give permission for Great Explorations Children's Museum to seek medical treatment for any emergencies in the unlikely event of an injury or illness during camp or camp-related events until I can be reached. I agree to pay any expenses incurred for such treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

Hospital Preference \_\_\_\_\_ Child's Physician/Phone Number \_\_\_\_\_

Insurance Company and Policy Number Information \_\_\_\_\_

Please list any **allergies, medications** your child is taking and any other pertinent medical information (e.g., asthma.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_