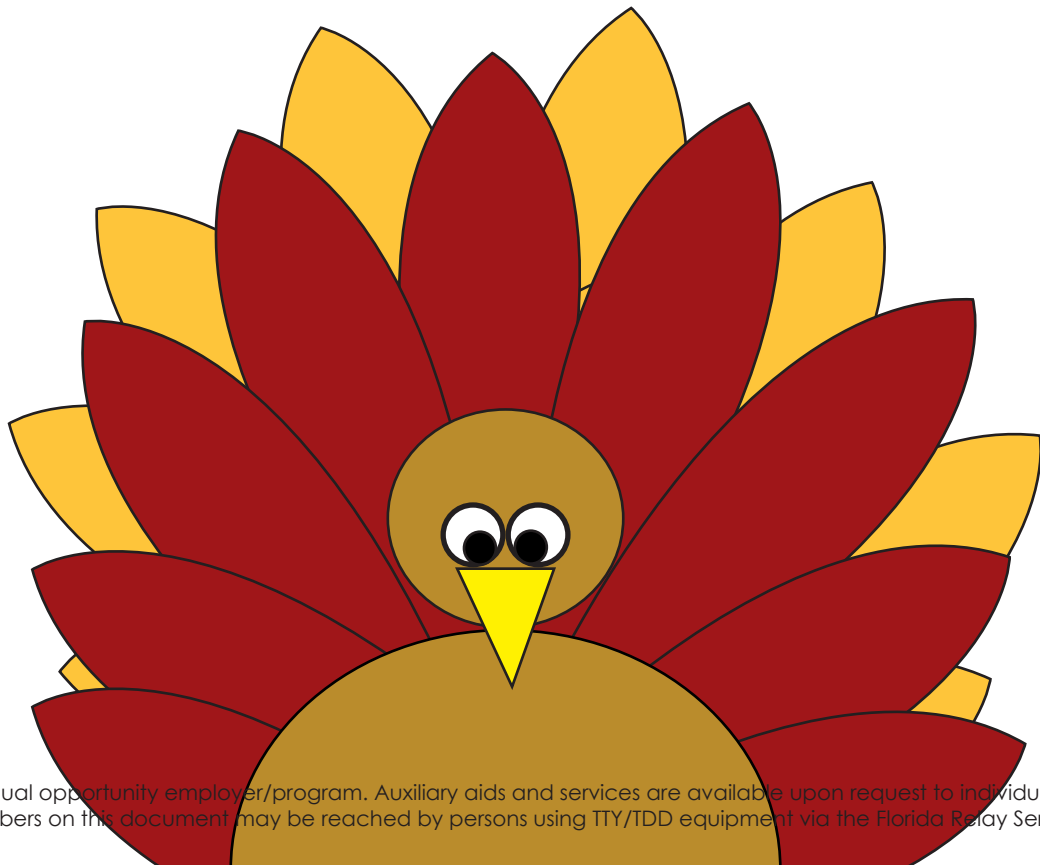




# FALL CAMP @

**THE SCIENCE CENTER**

**NOVEMBER 19-21, 2018**



# REGISTRATION & GENERAL INFORMATION

For more information or to register, please contact Linsey Stiglic at [Istiglic@careersourcepinellas.com](mailto:Istiglic@careersourcepinellas.com) or (727) 608-2451.

## CAMP DATES

November 19-21, 2018

## GRADE LEVEL

Camp is for children in grades K-6. Grade level refers to grade currently enrolled for 2018-2019 school year.

## COST, DEPOSITS, & PAYMENT

- Single-day camp: \$65/child
- 3-day camp: \$125/child

Although full payment is preferred for registration, we will accept a 50% non-refundable deposit on classes. Any accounts paid in full at time of registration include a non-refundable registration deposit. The balance due must be paid by the Friday prior to camp start.

Payment can be made by cash, check, PayPal, Visa, American Express or MasterCard. Make checks payable to: The Science Center of Pinellas; returned checks will be charged a \$30 fee.

## CANCELLATIONS AND REFUNDS

Complete refunds are given for the following circumstances only:

- Applicants move out of the city prior to class;
- Death in the family; and/or
- Class is cancelled due to insufficient enrollment.

## BEFORE & AFTER CARE

- Single-day camp: \$15/child
- 3-day camp: \$25/child

Before Care begins at 7:30 a.m.; After Care ends at 6:00 p.m. There will be a \$5.00 late pick up charge for 6:00 p.m. - 6:15 p.m.; after 6:15 p.m., an additional \$1.00 per child per minute fee will apply.

## ARRIVAL, CLASS, & PICK UP TIMES

- Camp hours are from 9:00 a.m. - 4:00 p.m.
- Any child arriving before 7:30 a.m. must remain with the person whom brought them until the Science Center opens for Before Care. Children picked up from After Care must be signed out from the Discovery Center by a parent or designated adult.

## SIGN IN/SIGN OUT PROCEDURES

- Children must be checked in by parents or guardians each day of camp. ID will be required and checked.
- Every child must be signed out at the end of the day by the adult indicated on the sign in / sign out form.
- Adults must come into the building to sign children out. Children will not be allowed to leave the building to meet parents in the parking lot. This policy is for your child's protection.
- Please park in one of the lined parking spaces, as opposed to pulling up near the sidewalk.

## LUNCH & SNACKS

Please send a lunch, two snacks and a sports bottle (which can be refilled at our filtered water stations) each day.

## SAFETY

- The Science Center makes every reasonable attempt to safeguard your child's possessions. However, we suggest that children leave personal items, especially electronics and toys, at home. If staff determines that the presence of these items is disruptive to the class, they will be confiscated and held until the end of the class. Please understand that the Science Center cannot be held responsible for the loss, destruction or theft of any personal items (i.e. clothing, book bags or purses, toys, games, electronic devices, cellphones or money) your child may bring to camp.
- For safety, all children must wear closed-toe shoes and appropriate clothing.
- If your child has any special or medical needs (including allergies), please email [Istiglic@careersourcepinellas.com](mailto:Istiglic@careersourcepinellas.com) with any information about which we should be made aware.



# REGISTRATION & GENERAL INFORMATION

## STUDENT CONDUCT GUIDELINES

Science Center programs are educational in nature. In order for everyone to have the opportunity to learn while having fun, it is imperative that all children adhere to the following:

1. Respect fellow children, instructors, and Science Center Staff
2. Participate in all activities
3. Act in a safe and responsible manner
4. Have fun!

The consequences for inappropriate student conduct are as follows:

### MINOR INFRACTIONS

- First occurrence: The instructor will give a verbal warning.
- Second occurrence: the child will be removed from activity and placed in time out.
- Third occurrence: the child will be removed from the classroom and counseled by the Program Director (or other appropriate staff member if the director is unavailable). Parent or guardian will be notified when the child is picked up from camp.
- Fourth occurrence: the child is removed from classroom, parent will be notified to pick the child up immediately and written record of the occurrence will be made. Refunds will not be given for children who are removed from camp because of behavior issues.

### SERIOUS INFRACTIONS

There are certain behaviors that warrant immediate removal from the program at the discretion of the Program Director. These behaviors include, but are not limited to, physical aggression, possession of a weapon or illegal substance, stealing, jeopardizing the safety of another child or staff, repeated incidents, or inappropriate language.

## FALL CAMP ACTIVITY DESCRIPTION GRADE: K-3 AND 4-6

Fall Camp is an exciting time for children to participate in a variety of fun, hands-on autumn activities, such as:

- Exploring the history of corn in America
- Creating corn husk toys
- Making fall crafts
- Fashioning an authentic walking stick
- Experiencing our 600-gallon Touch Tank
- Viewing a planetarium show featuring stars in the Florida fall sky
- Plus many more Fall-in-Florida activities!



# 2018 FALL CAMP REGISTRATION

*One child per form.*

## **COST:**

Single-Day Camp- \$65.00 • 3-Day Camp - \$125.00

## **Before & After Care:**

Single-Day Camp - \$15.00 • 3-Day Camp - \$25.00

If Single-Day Camp, which day?      Monday      Tuesday      Wednesday

**DATES:** November 19-21, 2018

**CHILD'S NAME:** \_\_\_\_\_

**Please indicate the desired grade level with a (✓)**

## **PAYMENT INFORMATION**

My check is enclosed for the amount of \$ \_\_\_\_\_

Make check payable to: Science Center. Please mail check to: WorkNet Pinellas d.b.a. Science Center, 13805 58th Street North, Ste. 2-140, Clearwater, FL 33760, Attn: Linsey Stiglic.

Please charge my Visa, American Express or Mastercard for \$ \_\_\_\_\_

\_\_\_\_\_

Card Number

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

House Number

\_\_\_\_\_

Zip Code

\_\_\_\_\_

CVV/CSC Code

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

# 2018 FALL CAMP REGISTRATION

## PLEASE PRINT. ONE CHILD PER FORM.

Child's Name: \_\_\_\_\_  Male  Female

Full Address: \_\_\_\_\_

Primary Email: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Completed as of 11/01/18): \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

In case of an EMERGENCY, please provide us with the name and telephone number(s) of a person other than the parent. Please note that parents will be contacted first (unless otherwise noted) and the emergency contact will only be used as a last resort.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DISCLAIMER:** While the Science Center strives to follow camp descriptions listed in the brochure, there is the possibility that circumstances beyond our control might change activities to some extent.

**MEDICAL INFORMATION:** Does above child have any medical problems we should be aware of?  Yes  No  
*If yes, please email [Istiglic@careersourcepinellas.com](mailto:Istiglic@careersourcepinellas.com) a complete written explanation.*

**MEDIA RELEASE:** Occasionally, television, newspaper or staff will photograph/film children enjoying our activities. Do you give permission to have your child photographed/filmed by television, newspaper or staff?  Yes  No

**PARENTAL PERMISSION:** I have read the above disclaimer, medical, media and hold harmless/indemnity information and give my permission for the above named child to participate in Science Center activities and/or field trips associated with classes. I give my assurance that this information is correct and will notify the Science Center of any changes.

**REFUNDS & TRANSFER FEES:** Class prices are based on enrollment. Deposits are non-refundable. In order to receive a full refund, minus the deposit, we must be notified of the student's withdrawal at least seven (7) before class is scheduled to begin. There is \$25 processing fee for transferring your child from one class to another.

**CONDUCT/DISCIPLINE:** I have read and understand the conduct/discipline policy. I assume the responsibility of ensuring that my child is aware of the policy and the consequence resulting from misbehavior at the Science Center. I understand that the Science Center staff has the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my tuition is non-refundable.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

# 2018 FALL CAMP REGISTRATION

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS AND AUTHORIZATION FOR FIRST AID

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (insert child's name), my \_\_\_\_\_ (insert son or daughter), (hereinafter referred to as the "child"), for him or her, and his or her heirs, administrators, executors and assigns, do hereby release and hold harmless The Science Center of Pinellas, Inc, their officers, directors, employees, representatives, agents and volunteers from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims or causes of action that I or my child, his or her estate, heirs, executors or assigns may have for illness, personal injury, death or property damage arising out of, connected with, or in any manner pertaining to the Workshops/Camp.

I fully understand that there are risks associated with my child's attendance and participation at the Workshops/Camps including, but not limited to, possible injury or loss of life. Despite the potential hazards associated with the activity, I, on my child's behalf, wish for him or her to attend and participate in the Workshops/Camps and freely accept and assume all risks, dangers and hazards that may arise, and which could result in illness, personal injury, death or property damage to him or her from his or her attendance and participation. I acknowledge that he or she is freely and voluntarily attending the Workshops/Camps and that he or she is not required to attend or participate at the Workshops/Camps.

**FIRST AID:** I hereby authorize appropriate administration of first aid to my child by any individual associated with the entities named herein during my child's attendance at the Workshops/Camps, including but not limited to calamine lotion, cortisone, Neosporin, Isopropyl alcohol or other topical agents, as deemed necessary in such individual's sole discretion and without further consent of consultation with me or with any other person. I understand that first aid will only be administered by (CPR/First Aid) certified Science Center Staff Members.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date