



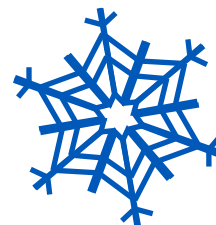
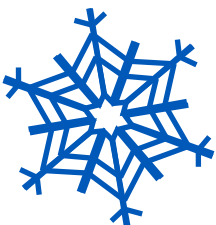
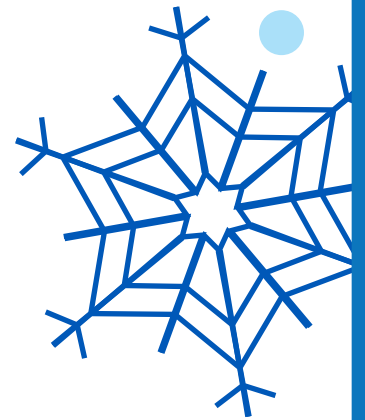
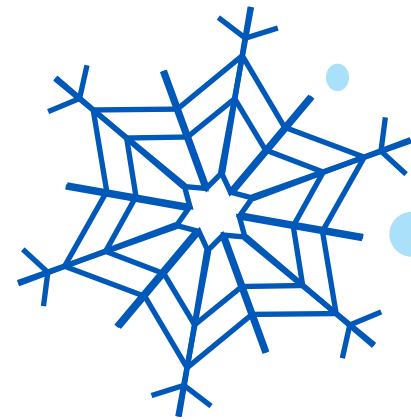
Winter

CAMP @

THE SCIENCE CENTER

DECEMBER 26, 27 & 28, 2018

JANUARY 2, 3, 4 & 7, 2019



REGISTRATION & GENERAL INFORMATION

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

CAMP DATES

December 26, 27 & 28, 2018

January 2, 3, 4 & 7, 2019

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
- December camp: \$125/child
- January camp: \$150/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
- December & January camps: \$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).

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 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.

WINTER CAMP ACTIVITY DESCRIPTION GRADE: K-6

Winter Camp is an exciting time for children to participate in a variety of fun, hands-on winter activities. Here's a few snowshoe-worthy stops we'll be making:

- So, why is it so cold anyway?
- Did you say it is going to be daylight all day?
- Biomimcry and the Snowshoe Hare?
- Our parkas and snow goggles will come off for a while, though, because no camp at The Science Center would be complete without all-hands-in our 600-gallon touch tank & a trip to our planetarium!

2018 WINTER CAMP REGISTRATION

One child per form.

COST:

Single-Day Camp- \$65.00 • December Camp - \$125.00 • January Camp - \$150.00

Before & After Care:

Single-Day Camp - \$15.00 • December & January Camps - \$25.00

If Single-Day Camp, which day? _____

DATES: *December Camp:* December 26, 27 & 28 • *January Camp:* January 2, 3, 4 & 7

CHILD'S NAME: _____

ADDITIONAL INFORMATION

Is there something else you would like our camp staff to know about your child? (allergies, dietary restrictions, necessary medications, early pick-up options, etc.)

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 \$_____

_____ Exp. Date

Card Number

_____ House Number

_____ Zip Code

_____ CVV/CSC Code

Signature: _____

2018 WINTER 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 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 WINTER 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