



**SPRING CAMP 2017  
REGISTRATION FORM**

210 N. Tipton St  
Visalia, CA 93292  
559-733-5975

Parent's  
Name:

Phone:

Phone 2:

Home  
Address:

Emergency  
Contact:

Phone:

Phone 2:

I am registering the following minors for the "Spring Camp 2017" at ImagineU, which will run from April 10<sup>th</sup> – April 14<sup>th</sup>, 2017.

I understand that this is a 5 day events, run on consecutive days. The event begins at 8:00am each of those days, and children must be dropped off between 7:30am and 8:00am and must be signed in correctly. I further understand that this is designed as a children's activity, adults wishing to join with their children in participation must pay \$3.00 per day.

I further understand that children registered for ½ day sessions must be picked up no later than 1:30pm, and children registered for full day sessions must be picked up by 5:30pm each day. If we are unable to contact you or the Emergency Contact and pick-up cannot be done by the times listed above, we will contact Child Protective Services (CPS). Once we have contacted CPS, we will be unable to release the child to you until Law Enforcement arrives.

By initialing in the "Photo" column below I give ImagineU Museum free permission to use images and video taken at this event that include my named child for promotional purposes.

	Half Day		Full Day		
	Non-Member	Member	Non-Member	Member	
April 10 <sup>th</sup> -14 <sup>th</sup> , 2017	\$ 105	\$ 95	\$ 200	\$ 180	

Child's Name	Age	Photo	Type	Special Needs	Fee
			<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adult Participation Days at \$3.00 per day per adult: _____				Adults: _____	
<b>Registration is not confirmed until the entire fee is paid in full.</b>				<b>TOTAL FEE</b>	

Please read and sign 2<sup>nd</sup> page

List Special Needs here in as much detail as possible:

Child	Special Needs

Parent/Guardian authorization: \_\_\_\_\_

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

Payment Method: \_\_\_\_\_

Paid in full: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

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