



## REGISTRATION FORM

Please print legibly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_ Grade next school year 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> (please circle one)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

## ENROLLMENT SELECTION

Check all that apply

### SESSION 1 JUNE 5th- JUNE 9<sup>TH</sup>

8:00-11:30 EV3 Robotics \_\_\_\_ (\$129)

12:00-3:30 Graphic Design \_\_\_\_ (\$144)\*

\*includes \$15 supply fee

### SESSION 2 JUNE 12<sup>TH</sup>-JUNE 16<sup>H</sup>

8:00-11:30 Engineering/Rockets \_\_\_\_ (\$129)

12:00-3:30 Intro to Programming \_\_\_\_ (\$129)

**\*Enrollment is limited to first 20 registrants per class.**

**Snacks/Lunch:** If your child is attending Camp Smart Lab all day and you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's first and last name. Refrigerators will be available for your child to store his/her lunch. Snacks and bottled water are allowed for half day campers.

**Payments:** Tuition due in full upon registration and may be paid by cash or by check. Make the check payable to: **Southwest Primary Learning Center**

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that we do not provide make-ups or refunds for any days missed for any reason. Cancellations must be made prior to May 10<sup>th</sup> to receive a full refund.

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

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\*I hereby give permission to **Southwest Learning Center**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Camp Smart Lab**. I hereby release **Southwest Learning Centers, its employee and its staff** from liability to the above named student, arising from injury to the person or property of the above named student occurring on the premises of **Camp Smart Lab, and on Southwest Learning Centers campus**.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact Information**

For more information, contact Denise Dixson, Camp Smart Lab Director at 505-296-7677 Ext 112  
Email: [denisedixson@sslc-nm.com](mailto:denisedixson@sslc-nm.com)