

**Wonder Workshop Registration:
Pre-K STEAM, Discovery Days, & Summer Camp**

CHILD'S INFORMATION

Child's First and Last Name: _____

Child's Age: _____

Grade Entering in Fall 2021: _____

Allergies/Special Needs: _____

PARENT/ GUARDIAN INFORMATION

Parent/Guardian First and Last Name: _____

Parent/Guardian Email Address: _____

EMERGENCY CONTACT INFORMATION

First and Last Name (Other than Parent/Guardian) _____

Doctor's Office Name & Phone Number: _____

AUTHORIZED PICK-UP PERSON

Name of person authorized to pick up child other than parent listed above: _____

ADDITIONAL CAMPER INFORMATION

Number of Children Enrolling: _____

Camper's T-Shirt Size: _____

Camp Choice:

Pre-K STEAM (Monday, Wed, Friday 10-11:30) No program on Discovery Days

Monday

Wednesday

Friday

Mark the Discovery Day camp session(s) you want your child(ren) to attend?

February 17

February 21

February 18

March 11

Mark the Think Big summer camp session(s) you want your child(ren) to attend?

- | | |
|--|---|
| <input type="checkbox"/> May 23-27 | Land Before Our Time: Dinosaurs, rocks, and fossils |
| <input type="checkbox"/> May 31-June 3 | Find the Worms before the Robins! |
| <input type="checkbox"/> June 13-17 | Fiddling with Physics |
| <input type="checkbox"/> June 20-24 | How does a garden grow? |
| <input type="checkbox"/> July 5-8 | Predator-Prey. Who eats whom? |
| <input type="checkbox"/> July 11-15 | Calling all Makers and Tinkers |
| <input type="checkbox"/> July 25-29 | Who took the cookie from the cookie jar? |
| <input type="checkbox"/> Aug 1-5 | Make it Move: Reactions. |

Do any of your campers have physical limitations or use a mobility device?

No ___ Yes ___

Do any of your campers have medications they must take over the course of the day?

No ___ Yes ___

Any other conditions we should be aware of?

No ___ Yes ___

Are your camper's up to date on all immunizations?

No ___ Yes ___

- I certify that my answers are true and complete to the best of my knowledge.
- I understand that false information or omission may disqualify my camper's enrollment.
- I will not hold The Wonder Workshop Children's Museum responsible for any unforeseen injuries that may occur while on site.
- I understand that registrations made are considered firm and no shows will be billed for the full amount of registration if we do not receive phone contact from you to cancel or reschedule.

- In the event of an emergency that causes camp sessions to cancel, we will refund the cost of camp on a prorated basis, except for today's non-refundable deposit(s).

I have read and understand the above statements and by signing below I give my consent.

Signature: _____

Date: ____/____/____

CAMP PAYMENT POLICIES

ALL CAMP BOOKINGS are to be paid prior to the first day of your camp. If there are any questions, please call us at 785-776-7366 or email us at wonder@wonderworkshop.org

TALENT RELEASE

I grant my consent to Wonder Workshop Children's Museum to use me and my children's' name and likeness, whether in still or in motion, my voice and features, with or without my name, for any editorial, promotion, trade, business, or other purpose whatsoever, including testimonial and endorsement of advertising. I further agree that Wonder Workshop Children's Museum may exercise its rights in any way it sees fit for its productions, for advertising and any other purpose and I waive any right to inspect and/or approve the finished product. I expressly release and agree to indemnify and hold harmless Wonder Workshop Children's Museum from any and all claims, damages or causes of action whatsoever, including but not limited to death, personal injury, defamation, misappropriation or invasion of privacy, arising out of my appearance and participation in the advertising, promotion, distribution, broadcast or exhibition of the commercial/program, and subsequent uses of my appearance and participation. I warrant that I am of majority age (18 years or older) and may execute this release. This release is complete and there has been no other representatives made not herein contained. This agreement is in consideration of NO SUM OF MONEY unless otherwise noted.

I have read and understand the above statements and by signing below I give my consent.

Signature: _____

Photo Release Form

I understand that Wonder Workshop Children's Museum may take photos and/or videos of program participants during program activities and events for use in educational or promotional materials in print, multimedia, or web form. Photos/videos will only be used for purposes related to Wonder Workshop programs and their related partners and sponsors.

Please check the correct box below as to whether you do wish or do not wish to grant permission to use your (or your child's) photos/videos taken during a program. Additionally, please complete the information below and sign this form in verification of your permission regarding Wonder Workshop's use of you and/or your child's photos/videos.

I DO grant permission for the use of my (or my child's) photo/video.

I DO NOT grant permission for the use of my (or my child's) photo/video.

Name (or child's name) _____

Guardian Name (if child under 18) _____

Phone _____

Email _____

Address _____

Signature _____

Date _____