



CHALLENGER LEARNING CENTER OF TALLAHASSEE 2010 SPRING BREAK CAMP REGISTRATION INFORMATION



Enclosed you will find information about the **Challenger Learning Center (CLC) 2010 Spring Break Camp**. We appreciate your inquiry and hope to be a part of your child's Spring Break. Camp specifics are listed below.

CAMP DATES & THEMES: Monday, March 29 – Friday, April 2: **Camp EXTREME!!!**

Topics and Activities will include: Wicked Weather, Space to the Max, Cool Caves, Awesome Oceans and Extreme Sports.

COST: Camp is \$190/week or \$40/day and includes lunch. 10% discounts are given to CLC members or for multiple children. Multiple child/week discount cannot be applied to first child.

REGISTRATION: Enclosed is a registration form. This form must be completed in its **entirety** and returned no later than one week before the camp date. Camps are limited in size with a maximum of 30 participants per session; therefore, registration applications will be processed on a first come, first served basis. **Registration is complete on receipt of full payment.**

CANCELLATIONS/ REFUNDS: Request for cancellation must be received in writing at the CLC prior to the camp session start date. Full refunds will be allowed for written requests received two weeks in advance of the camp's start date. Half Refunds will be allowed for written requests received one week in advance of the camp's start date. No refunds will be granted after the camp session start date. Please allow approximately 90 days for refunds to be processed.

CAMP VIABILITY: If we do not have enough confirmed registrants prior to the session start date, we will cancel that session. Should this occur, we will contact each registrant no later than the Wednesday before camp begins. If we are forced to cancel a session, your money will be refunded.

CAMP ADMINISTRATION: Camps will be conducted at the Challenger Learning Center on Kleman Plaza from 9:00 a.m. until 4:00 p.m.; doors will open at 8:50 a.m. We are located at 200 South Duval St., on the corner of College Ave. and South Duval St. Campers must arrive no earlier than 8:50 a.m. and no later than 9:00 a.m. Parents/guardians must designate on this registration form an authorized individual to drop off/pick up campers if parents/guardians are unable to do so. Parents/guardians and/or authorized individuals must walk the campers into the building and sign them in. Campers must be picked up no later than 4:00 p.m. and signed out by the parents/guardians and/or authorized individuals listed on this form. These times of arrival and departure **do not** include the Challenger Learning Center Extended Care hours.

CHALLENGER LEARNING CENTER EXTENDED DAY: Campers arriving earlier than 8:50 a.m. or departing later than 4:00 p.m. **MUST** be enrolled in the CLC Extended Care. The extended hours and cost are as follows:

8:00 a.m. – 8:50 a.m. \$5.00 daily **and/or** 4:00 p.m. – 5:00 p.m. \$5.00 daily

A late fee of \$10.00 per 15 minutes will be charged and payable at that time to the staff person on duty. **You must indicate on the registration form that you plan to participate in the CLC Extended Care. Also, include the cost of Extended Care in your camp reservation payment.** Extended Care campers will not be participating in extra Camp activities during extended hours. No coupons or discounts are applicable to CLC Extended Care.

CAMPER CONDUCT: Camps are designed for the enjoyment and benefit of all campers enrolled. With that as the objective, we anticipate that no camper is here who does not want to be here. Should any disciplinary problems occur, we will contact the parent/guardian to pick up his/her camper. Please do not send any toys, books, cell phones, etc. with the camper unless requested by the camp counselor.

PARKING: Camper pick-up/drop-off parking is available in the Bus Loading Zone on College Avenue. The Kleman Plaza parking garage will also be available, however space will be limited due to the Florida legislative session. Bring your Kleman Plaza parking ticket into the CLC with you and the CLC staff will validate your parking. **Please note: You could be ticketed or towed for parking at the U.S. Post Office.**

ADDITIONAL INFORMATION

- Should you need additional information, please call (850) 645-7777, weekdays from 8:00a.m. until 5:00p.m.
- For content/curriculum information, you can contact our Education Manager at (850) 645-7787 or our Camp Director at (850) 645 - 7780.
- The fax number is (850) 645-7784 and our web address is: www.ChallengerTLH.com.
- Our FEID # is: 59-0977035

**CHALLENGER LEARNING CENTER
2010 SPRING BREAK CAMP REGISTRATION FORM**

Today's Date: _____

CAMPER INFORMATION

Name: _____
Last Name First Name / Nickname
Mailing Address: _____ City: _____ State: _____ Zip: _____
School Attending: _____ Grade: _____
Age: _____ Date of Birth: ___/___/___ Gender: M ___ F ___

PARENT / GUARDIAN INFORMATION

Name: _____
Last Name First Name
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
Phones: Day _____ Evening _____ Cell _____

My child will be transported to the Challenger Learning Center every day by:

Camper's Parents/Guardians: _____ OR (Authorized Individual): _____

Phone Number: _____ OR _____

Signature: _____ Date: _____

CAMP INFORMATION

Camp Dates is only attending individual days - \$40/day): _____

Camp Dates (attending entire week - \$190/week): March 29 – April 2, 2010

Extended Care needs: _____ NONE _____ A.M. _____ P.M.

See Registration Packet for charges and appropriate drop-off/pick-up times for Extended Care. **Include entire payment for Extended Care in registration payment.**

LUNCH CHOICES

Please select a sandwich type for lunch each day. Choices are: Ham, Turkey, Roast Beef, Tuna or Plain Cheese.

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

METHOD OF PAYMENT

Camp Fee \$ _____

10% Discount* (for additional weeks,
additional children OR CLC membership) \$ _____

**10% does not apply to extended care fees*

Extended Care AM Fee \$ _____

Extended Care PM Fee \$ _____

TOTAL \$ _____

Check #: _____ **Make check payable to Challenger Learning Center of Tallahassee.**

Credit Card: VISA _____ Master Card _____ Amount to be charged: \$ _____

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ **Please do not send credit card information via e-mail.**

SIGNATURE: _____

How did you hear about CLC Camps? Please check all that apply.

TV Ad Radio Ad Newspaper Ad Internet Search
 Direct Email Friend/Relative Returning Camper Family Forum Magazine
 Tallahassee Democrat Camps Insert Other, *please specify:* _____

Send application and remittance to:
Challenger Learning Center of Tallahassee
200 South Duval Street
Tallahassee, FL 32301
FAX: (850) 645-7784

MEDICAL HISTORY & CONSENT FORM

Camper's Name: _____ Home Phone: _____

Parent's Emergency Contact Number: _____ Work Phone: _____

1. If reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____, preferred physician at _____(telephone #) or

Dr. _____, preferred dentist at _____(telephone #) or in the event preferred practitioner is not available, by another licensed physician or dentist.

2. I desire my child to be transferred to: _____
(preferred hospital or any hospital reasonably accessible). This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists have concurred in the necessity for surgery.

3. Please list any facts concerning the child's medical history, any physical impairments or conditions, and medications currently taken of which a physician and the Camp should be informed.

A. History (include allergies)

B. Physical impairments or conditions _____

C. Medications currently taken. If your child will need medication during the camp session, a parent, guardian, or medical professional must be available to administer the medication. CLC Staff will not administer medication to your child.

Attach any additional documentation to this form if necessary.

Signature: _____ **Date:** _____

Parent/Guardian

MEDIA RELEASE

This is to certify that I, _____, give permission to the Challenger Learning Center, Florida A&M University and Florida State University to photograph and/or videotape for use on their website, promotional brochures or during a local newscast or print interview. I understand that all rights, title and interest in the photography used belong to the Challenger Learning Center, Florida A&M University and Florida State University and that I will receive no financial compensation for the use of these pictures and/or videotape. I further understand that the above agencies may edit, copy, alter, or revise the photographs and/or videotape for use on our website, promotional brochures or during a local newscast or print interview and that the above agencies will retain control over the use and distribution of the photographs and/or videotape. I have read this form and I understand its meaning.

Printed Name of Child's Parent or Guardian

Signature: _____ **Date:** _____

Parent/Guardian

TRANSPORTATION/LIABILITY RELEASE

I, _____ hereby grant my child, _____ permission to attend the Challenger Learning Center's Camp, and release the camp manager, camp director, Florida A&M University, Florida State University, instructors, employees, sponsors and the Challenger Learning Center of any and all liability connected with his/her attendance. I further give my permission for my child to participate in field trip activities away from the Challenger Learning Center, including transportation by camp staff to and from field trip sites.

Signature: _____ **Date:** _____

Parent/Guardian