

Challenger Learning Center of Tallahassee

2017 Homeschool Program Registration Information

Program Dates and Themes (Kindergarten-5th Grade)

All programs 9:00am - 12:00pm

Friday, January 13	Healthy New Year	It's a new year, become a new you! Activities may include exploring the five food groups and how to maintain a healthy diet. Learning how astronauts train and remain healthy. Investigate how your body reacts to some of your favorite foods.
Friday, February 10	Full STEAM Ahead	Add art and creativity to the growing world of technology! Activities may include exploring the world of 3D printing, implementing 21st Century skills, and integrating creativity to build inventions that solve everyday problems.
Friday, March 10	Dream Machines	Unleash your dreams and become an energy engineer for the day! Activities may include using LEGOs and snap circuits to explore different forms of energy. Building solar cars and model boats to complete various challenges. Camp includes \$1.00 discount to the brand new IMAX film <i>Dream BIG 3D</i> .
Friday, April 14	All Things Small	It's a small world after all! Experiments may include using microscopes, magnifying lenses, and learning about small cells of living things. Investigate microparticles and the use of nanotechnology.
Friday, May 12	Into the Amazon	Learn about one of the most diverse places on Earth and the creatures that call it home! Explore how animals adapt to survive in different environments. Investigate how animals compete and interact with each other. Camp includes a \$1.00 discount to the brand new IMAX film <i>Amazon Adventure</i> .

Additional Information

COST

\$20 per student per program. CLC Members receive a 10% discount. Fee includes all materials and popcorn snack.

REGISTRATION

Enclosed is a registration form. This form must be completed in its entirety and returned no later than 48 hours before the program session date. Programs are limited in size; therefore, registration applications will be processed on a first come, first served basis. Registration is complete and confirmed on receipt of full payment.

PROGRAM INFORMATION

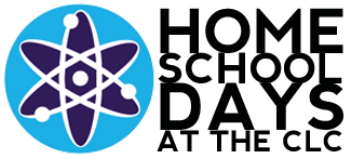
Program sessions are held on the second Friday of each month from 9:00am-12:00pm. If you have a Home School Group of at least 16, additional dates and times may be available. Contact the CLC for more information. Parents are permitted, but not required to attend with child.

CANCELLATIONS/ REFUNDS

Requests for cancellation must be received in writing by the Challenger Learning Center prior to the program session date. Full refunds will be allowed for written requests received 48 hours before the session date. No refunds will be granted less than 48 hours before the session date. Please allow approximately 90 days for refunds to be processed, unless payment was received by credit card.

CONTACT INFORMATION

Should you need additional information, please call (850) 645 – 7777, weekdays from 7:00 a.m. until 4:00 p.m. For content/curriculum information, contact our Education Manager, (850) 645 – 7787.



REGISTRATION FORM

CHALLENGER LEARNING CENTER OF TALLAHASSEE

PARENT INFORMATION

CLC MEMBER? YES NO

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

CELL PHONE

DAY PHONE

HOME SCHOOL GROUP AFFILIATION (IF APPLICABLE)

STUDENT INFORMATION (Grades K-5 only):

STUDENT 1 NAME

GRADE

AGE

BIRTHDAY

STUDENT 2 NAME

GRADE

AGE

BIRTHDAY

STUDENT 3 NAME

GRADE

AGE

BIRTHDAY

STUDENT 4 NAME

GRADE

AGE

BIRTHDAY

PROGRAM SELECTION (Please circle one or more)

Healthy New Year

January 13, 2017

Full STEAM Ahead

February 10, 2017

Dream Machines

March 10, 2017

All Things Small

April 14, 2017

Into the Amazon

May 12, 2017

PAYMENT INFORMATION

Registration is complete on receipt of full payment. Registrations accepted on a first-come, first-serve basis. **VISA, Mastercard, AMEX, Discover, check or cash only. Our fax line is secured and can transmit credit card information safely. Please do not mail cash. Cash may be dropped off at our administrative offices during business hours. If paying by check, you must also provide your valid driver's license number.**

PROGRAM FEES: _____ SESSIONS x \$20 per student = _____

CLC Member Discount -10% = _____

TOTAL AMOUNT TO BE CHARGED = _____

VISA MC DISCOVER AMEX CASH CHECK #: _____

DRIVER'S LICENSE # (Check only) _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

SIGNATURE _____

Please mail, drop off or fax your registration form to:

Challenger Learning Center of Tallahassee

200 South Duval Street

Tallahassee, FL 32301

FAX: (850) 645-7784

Email: sreaves@ChallengerTLH.com

MEDICAL HISTORY & CONSENT FORM

Student Name(s): _____ 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 to which a physician and the CLC 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

LIABILITY RELEASE

I, _____ hereby grant my child(ren), _____ permission to attend the Challenger Learning Center's Home School Days program and release the CLC staff, Florida A&M University, Florida State University, instructors, employees, sponsors and the Challenger Learning Center of any and all liability connected with his/her/their attendance.

Signature: _____ Date: _____

Parent/Guardian

POLICY ACKNOWLEDGEMENT

I, _____ hereby grant my child(ren), _____ permission to attend the Challenger Learning Center's Home School Days program and release the CLC staff, Florida A&M University, Florida State University, instructors, employees, sponsors and the Challenger Learning Center of any and all liability connected with his/her/their attendance.

Signature: _____ Date: _____