

## SUMMER PLAY DAYS REGISTRATION PACKET

(PLEASE COMPLETE ONE PACKET FOR EACH CHILD)

THIS PAGE NEED NOT BE RETURNED

Great Explorations Play Day Program is designed for children who are 3-5 years old, have not begun Kindergarten and are fully potty trained.

This program is designed and run by the Education Department and includes museum play time, movement and music, crafts, visits to Sunken Gardens and imaginative play.

Play Day programming runs from 7:30 a.m. – 12:30 p.m.

Cost Per Child: Members \$150.00/week; Non-members \$170.00/week

**Please Note:**

- Drop off and pick up can take place at any time throughout the program time. Please note that your child may miss out on museum play or activities by arriving late and/or leaving early.
- Children must be fully potty trained to attend this program.
- Only those adults listed on a child’s drop off form will be allowed to sign that child out of the Play Day program. A valid photo ID is required for anyone (including parents) who picks up a child.
- Please send your child wearing appropriate clothing and sneakers for museum and Sunken Gardens play. Include an extra change of clothes and a water bottle in your child’s bag.
- Please apply sunscreen or bug spray as needed before dropping your child off for Play Days.
- We have plenty of toys and games to keep busy during this program, so please leave all toys, games and stuffed animals at home.
- A late fee of \$5.00/minute will be charged for any child picked up after 12:30pm.
- Our activities may require the use of paints and materials that are messy. We do our best to use materials that do not stain clothing but are unable to guarantee that materials are safe on all clothing. Please dress your child accordingly.
- Updates and the Parent Handbook will be available on the museum website throughout the summer.

**For Your Reference:**

Camp Director: Lauren Leavine  
 Email: [lleavine@greatex.org](mailto:lleavine@greatex.org)  
 Phone: 727.821.8992 x226  
 Cell: 727.831.1150  
 www.greatex.org

Your child(ren) is/are enrolled:

- |                                 |                                 |                                  |
|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 5 | <input type="checkbox"/> Week 8  |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 6 | <input type="checkbox"/> Week 9  |
| <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 7 | <input type="checkbox"/> Week 10 |
| <input type="checkbox"/> Week 4 |                                 |                                  |

**PLAY DAYS ENROLLMENT RECORD**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Sex \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ School: \_\_\_\_\_  
\*t-shirts are standard youth sizes: XS, S, M, L

Allergies / Dietary Restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact *(if custodial parent/guardian cannot be reached)*:

\_\_\_\_\_ Phone: \_\_\_\_\_

*In addition to the contacts listed above, the following people may pick up my child from Great Explorations programs:*


Is there anything else we should know about your child including medical and/or behavioral concerns?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Staff Use: Additional Photo Consent  Completed Forms  C.C.  P.P.  Date Received: \_\_\_\_\_

Child's Name \_\_\_\_\_

**REGISTRATION**

The cost for Play Days is \$150.00 a week for members and \$170.00 a week for non-members. Please mark the weeks you would like to register your child for Play Days.

Week	Dates	Theme	Play Days 7:30-12:30
1	May 30-June 2	African Safari*	
2	June 5-9	Out of this World	
3	June 12-16	Radical Rainforest	
4	June 19-23	Build It	
5	June 26-30	Under the Sea	
6	July 3-7	Things that Go*	
7	July 10-14	Dino Dig	
8	July 17-21	Global Groove	
9	July 24-28	American Adventures	
10	July 31-Aug 4	Imagination Station	

*\*Four day camp weeks; care is not offered on Memorial Day (5/29) or Independence Day (7/4)*

**How did you hear about our Play Days program?**

<input type="checkbox"/>	At the museum	<input type="checkbox"/>	Returning Camper
<input type="checkbox"/>	Greatex.org	<input type="checkbox"/>	TB Parenting Magazine
<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Community Outreach
<input type="checkbox"/>	Twitter	<input type="checkbox"/>	Referred by a friend
<input type="checkbox"/>	Mall kiosk (Priatek)	<input type="checkbox"/>	My child's school
<input type="checkbox"/>	Other:		

**PHOTO CONSENT**

In some cases, photographs or video will be taken to highlight the activities taking place at Great Explorations Children's Museum ("Great Explorations") and at Sunken Gardens.

I, the undersigned, do hereby consent that Great Explorations, its employees, and agents may take "group" photographs, video recordings, and digital recordings that include my child (a "group" for purposes of this Photo Consent includes 3 or more persons).

- Additionally, I give Great Explorations permission to include my child in individual photos and recordings for the purpose of marketing our programs and/or educational purposes.

I give consent for these photographs and recordings to be used by Great Explorations for the purpose of marketing its programs and/or educational purposes in print or electronic form. I acknowledge that neither my child nor I will receive any compensation for the use of these photographs and recordings. In some cases, my child's name may be included in a description accompanying the photographs and recordings. I give consent to include my child's name in those cases.

No person shall publish, print, display or otherwise publicly use for purpose of trade or for any commercial or advertising purpose the name, portrait, photograph, or other likeness of any natural person without express written or oral consent. Fla. Stat. §540.08(1). Any consent provided in subsection (1) shall be given on behalf of a minor by the guardian of her or his person or by either parent.

\_\_\_\_\_ **Initial**

**FOOD EXPERIENCE PERMISSION**

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items:

\_\_\_\_\_

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in food activities.

\_\_\_\_\_ **Initial**

**SUNKEN GARDENS RELEASE**

I authorize my child to go on field trips to Sunken Gardens while enrolled in Play Days programs at Great Explorations Children's Museum. I understand that my child will be supervised by Great Explorations staff and that this authorization can be used at any time during the hours of operation (7:30 a.m. – 12:30 p.m.), Monday through Friday. I also understand that I will not necessarily be notified prior to each trip.

\_\_\_\_\_ **Initial**

By signing here I understand and agree to the above statements, and the Parent Handbook located on the Great Explorations website.

**Parent's Name** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



### EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

#### Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

#### Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

#### Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)



**PAYMENT:**

Are you a Great Explorations Member?  YES  NO

Would you like to save money and purchase a Museum Membership?

BASIC (\$100)  GREAT (\$150)  EXPLORER (\$200)

*For more information on memberships please visit our website [www.greatex.org](http://www.greatex.org)*

**Summer Play Days**

*Payment plans are available for families registering for (4) or more weeks of care; ¼ total payment is due at registration. Credit card must be left on file and payment will be automatically deducted on: May 1<sup>st</sup>, June 1<sup>st</sup> and July 1<sup>st</sup>.*

**Week Long Camp**

# Weeks registering \_\_\_\_\_ x (\$150/members; \$170/non-members) \$ \_\_\_\_\_

**(4) Day Long Camps** \*Week 1 (Memorial Day Holiday) and Week 6 (Fourth of July Holiday) only.

# Weeks registering \_\_\_\_\_ x (\$120/members; \$140/non-members) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Promo Code: \_\_\_\_\_ TOTAL after promo code: \$ \_\_\_\_\_

Completed registration packets and payment must be received to guarantee your child's space in camp.  
For a small fee, payments may also be made at [Greatex.org](http://Greatex.org) through Eventbrite.

**NO refunds will be given.**

**CHECK ALL THAT APPLY:**

- I am registering my child to attend 4 or more weeks of camp and would like to utilize a payment plan.
- I am not using a payment plan and understand camp fees will be charged in full at registration.

**PAYMENT METHOD:**

Visa  Master Card  Discover  Amex  Check Enclosed

Credit Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RETURN FORMS WITH PAYMENT TO:**

Great Explorations Children's Museum

Attn: Lauren Leavine

1925 4th St. North, St. Petersburg, FL 33704

For more information visit: [www.greatex.org](http://www.greatex.org), call: 727-821-8992 ext. 226; or email: [lleavine@greatex.org](mailto:lleavine@greatex.org)

For Staff Use: P.P amount: \_\_\_\_\_ Initial: \_\_\_\_\_