



REGISTRATION FORM

Please print legibly

Last Name: _____ First Name: _____

Gender: Female Male Age: __ Grade next school year 4th 5th 6th 7th 8th (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 4th- JUNE 8th

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

12:00-3:30 Graphic Design/3D CAD ____ (\$144)*

*includes \$15 supply fee

SESSION 2 JUNE 11th-JUNE 15th

8:00-11:30 Engineering/Engineering ____ (\$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 Secondary 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 15th 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 _____

*I hereby give permission to **Southwest Secondary 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 Secondary 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 Secondary 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