

REGISTERING FOR: All Camps are 4 weeks (consisting of 12 total class days). Camps with a Monday holiday will be prorated.

| Camp 1 (Mon. Jan 3 rd – 26 th) *no camp on Mon Jan Camp 2 (Mon. Jan 30 th – Feb. 23 th) *no camp on Mon Feb Camp 3 (Mon. Feb. 27 th – March 30 th) *no camp week of Ma Camp 4 (Mon. April 3 th – 27 th) *no camp Mon April 1 Camp 5 (Mon. May 1 st -25 th) *no school week of May 29 th for summed Camp 6 (Mon. June 5 th -29 th) | 20 th -President Day orch 20 th -spring break 10 th – Easter Monday | Camp 8 (Mon. Jul 31st – A Camp 9 (Mon. Aug 28th – S *no camp 0 Camp 10 (Mon. Sept 25th – Camp 11 (Mon. Oct 23th – Camp 12 (Mon. Nov 20st – | Sept. 21 nd) on Mon Sept 4 –Labor Day - Oct 19 th) Nov. 16 th) Tues, Dec. 19 th) Thu Nov 23 th ay day since it is the 5 th Mon |
|---|--|--|--|
| Camp 7 (Tue. July 3 th -27 th) STUDENT INFORMATION | | | |
| Child #1 Name | | | |
| First Preferred/Nickname: | | Last | Gender |
| Child #2 NameFirst | | | |
| First Preferred/Nickname: | Date of Birth | Last | Gender |
| Mother: | Mom | Mom Work | # |
| Father: | Dad | Dad | |
| | | WOIK | . # |
| AddressStreet | Apt. # | City | Zip |
| Email Address: | | | _ |
| Others authorized to pick up or contact | in case of emergency: (other than | parents) | |
| Emergency Contact Name: | # | Relationship to | child: |
| Emergency Contact Name: | # | Relationship to | o child: |
| SELECT YOUR PROGRAM | | | |
| Please check all that apply: | Cost is al | l-inclusive! No other fees or tax | |
| 1 Morning (M) 8:30 -12: 2 Mornings (T/Th) 8:30 -11: 2 Mornings (T/Th) 8:30-12: 3 Mornings (M/T/Th) 8:30-12: | 30 AM \$ 205 /month 30 PM \$ 250 /month | \$20 off disc | siblings receive a count /camp for 2 day campers count /camp for 3 day campers |

Registration of initial session requires BOTH of the following:

- 1. Payment for first 4-week camp by Cash, Check, or CC.
- 2. Sign Auto-Draft contract for scheduled 4-week payments of subsequent camps. (you may disenroll anytime with 15-day notice)

SING MOVE CREATE

MEDICAL INFORMATION

| Physician: | Phone: | Hospital Preference: | | |
|---|---|--|--|--|
| Insurance Company: | | Policy #: | | |
| Are shots up to date? | Any known allergies? | | | |
| What symptoms does your child | display when having an allergic reaction?_ | | | |
| Special needs, disabilities, or add | ditional health information: | | | |
| Give any further information, wl | hich you feel would be helpful in understan | ding your child: | | |
| | | | | |
| | | | | |
| COMMITMENT | | | | |
| initial camp being registered for, prid LLC program director receives a req | or to 5 days before the start date of the camp. Tu quest five business days prior to the first class dat np, a fee equal to 50% of the camp tuition will be | of the camp tuition whenever a child is withdrawn or cancels out of the ition paid, minus the 20% fee, will be refunded if the Bounce n' Boogie, e of the camp. If a child is withdrawn from the camp any time after 5 e charged. Assessed from the notice of withdrawal date, any unused | | |
| | | gned auto check-draft form authorizing Bounce n' Boogie, LLC to draft tten notice is required to disenroll from ActiveMe Camp to avoid any | | |
| risk of injury that exists in the activit | ties and programs in which my child will engage | cal Transportation: I understand that there is an inherent element of during the Bounce n' Boogie, LLC ActiveME Camps. In signing ary associated with my child's participation in the program. | | |
| and hold harmless Bounce n' Boogie my child. Further, I request that I be guardian cannot be contacted, I here hospitalization, medical attention, or Bounce n' Boogie, LLC activity. In relinquish our responsibility to a pra- | e, LLC, its employees, agents, and Trustees from contacted within a reasonable time in the event of by designate the Bounce n' Boogie, LLC faculty surgery as may be required in an emergency because the event my child's parent or guardian cannot be | Bounce n' Boogie, LLC ActiveME Camps, I hereby indemnify and against any and all claims related to injury or accident involving of illness or injury requiring medical services. In the event a parent or and administration or designee to act in my behalf to authorize such cause of illness or injuries sustained by my child while participating in a ereached and the situation calls for medical attention, I recognize and g in the best interest of my child. I hereby assume financial d surgery provided. | | |
| | nission to use my child's photograph for advertis a' Boogie, LLC ActiveME Camp Handbook. I u | sing and marketing materials. Inderstand the policies of this facility and agree to abide by them. | | |
| Parent Printed Name: | | | | |
| Parent Signature: | | Date: | | |
| | Bring completed registration forms w Make checks payable to Bounce n | | | |
| | 141 Osuna Rd. NW Albuquerque, NM 871 | 07 | | |
| | Director/ Owner: Vava Cabrera (| 505) 453-3314 | | |

Bounce n' Boogie, LLC does not discriminate against applicants on the basis of race, color, sex, national or ethnic origin.

www.bouncenboogie.com bouncenboogie@yahoo.com

SING MOVE

CREATE