

Office Use Only  
Check when confirmation  
is sent

# REGISTRATION FORM 2017 (Marine Discovery & Marine Science Ext)

Please Use Blue or Black Ink and Print Clearly (Complete a Separate Form for Each Child)

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_ Male/Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade in Sept 2017: \_\_\_\_\_

School Attending Now: \_\_\_\_\_ Swimming Ability:  Excellent  Good  Fair  Non Swimmer

Have you ever attended Marine Discovery \_\_\_ Yes \_\_\_ No or Marine Explorers \_\_\_ Yes \_\_\_ No Ages of siblings: \_\_\_\_\_  
\_\_\_\_\_ Check if Before or After Care is needed

## MARINE DISCOVERY PROGRAM

Entering grades 1 - 4 in September, 2017

1: June 26 - 30 / 2: July 3, 5, 6, 7 / 3: July 10 - 14 / 4: XX / 5: July 24 - 28 / 6: July 31 - Aug. 4 / 7: Aug. 7 - 11

Preferred session dates: \_\_\_\_\_ If this session is full, our 2<sup>nd</sup> choice session is: \_\_\_\_\_

Monday – Friday: 9:15 A.M. – 3:30 P.M. \$ 300/week Exception: \$240 for Week 2

## MARINE SCIENCE EXTRAORDINAIRE

Entering grades 4, 5 & 6 in September, 2017

1: June 26 - 30 / 2: July 3, 5, 6, 7 / 3: July 10 - 14 / 4: XX / 5: July 24 - 28 / 6: July 31 - Aug. 4 / 7: Aug. 7 - 11

Preferred session dates: \_\_\_\_\_ If this session is full, our 2<sup>nd</sup> choice session is: \_\_\_\_\_

Monday - Friday 9:15 A.M. – 3:30 P.M. \$320/week (\$260 for Week 2)

**FATHER (or guardian)**

### Parent Information

Name: \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Town: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**MOTHER (or guardian)**

Name: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Note: In case of an emergency, every attempt will be made to contact a parent. However, in the event that no one can be reached, please list two other persons who have your permission to pick up your child:**

**Emergency Contact #1:** Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact #2:** Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I \_\_\_\_\_, agree that \_\_\_\_\_ may attend the Marine Discovery  
(Parent or Guardian's Name) (Child's Name)

Marine Science or Marine Explorer Program and may participate in all activities & field trips with transportation provided by bus, MEN vehicle or vessel. I understand that some degree of risk is involved in said program activities. I absolutely and irrevocably hold Maritime Education Network, Inc. and their members harmless for any and all bodily injury of any nature that may result from my child's inclusion in this Program. MEN, for publicity purposes, may display samples of my child's work or photographs & videos in which my child appears. In our desire to provide a safe & positive experience for all students, should a student exhibit inappropriate behavior that infringes upon the program experience of other participants, or repeatedly refuses to follow staff directives, he/she will be asked to leave our program without tuition refund. I understand that if I withdraw my child before June 15, 2017, ½ of the tuition will be refunded; if withdrawn after that date, there will be no refund unless a note indicating illness for that week is received from his/her physician.

Note: We usually do not deposit checks immediately upon receipt, so don't be alarmed if your check does not clear right away.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

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

Session: \_\_\_\_\_  
(Office to fill in session)

Check Program Name:  Marine Discovery  Marine Science Ext.  Marine Explorer

\*\*\*\*\*PLEASE COMPLETE THIS FORM AND RETURN WITH REGISTRATION FORM \*\*\*\*\*

**PICK UP FORM**

Maritime Education Network must have written permission for ANY and ALL persons who may pick up your child. Staff reserves the right to ask for identification. Please complete the following:

*I authorize the following persons to pick up my child. I agree to notify Maritime Education Network ahead of time in writing if my child is to be picked up by a person not listed on this form.*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Ph: \_\_\_\_\_ Cell/Work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Ph: \_\_\_\_\_ Cell/Work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Ph: \_\_\_\_\_ Cell/Work \_\_\_\_\_

NOTE: All participants MUST be picked up at CLOSING TIME of program, unless arrangements have been made for AFTER CARE. Please complete BEFORE/AFTER CARE form. 3:30 P.M. Marine Discovery & Marine Science Ext / 3:15 P.M. Marine Explorer

**EMERGENCY MEDICAL AND RELEASE FORM**

*(In addition, a copy of the latest physical MUST be received by us before day #1. Schools should have on file.)*

Physical forms may be mailed, hand carried or scanned & sent via e-mail, but PLEASE indicate program & session.

Participant's Name: \_\_\_\_\_ Nick name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

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

Parent's Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Does your child have asthma?  Yes /  No  Any other condition(s) that we should be aware of?

Explain: \_\_\_\_\_

Current Medications: \_\_\_\_\_

NOTE: If medications accompany your child, we MUST have a permission note from the doctor AND another from you stating that your child can self-administer medications indicated. (Staff will hold)

**MY CHILD IS ALLERGIC TO THESE MEDICATIONS:**

My child may apply sunscreen  Yes  No

Insurance Carrier: \_\_\_\_\_ Membership ID Number: \_\_\_\_\_

Physician to be called in an emergency: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Area Code Phone Number

*It is the policy of Maritime Education Network, in case of accident or medical emergency, to contact a parent before taking a student to a doctor or medical facility for treatment. However, in the event that we are unable to reach you, and your child requires urgent medical care, we ask you to sign the following:*

I HEREBY GIVE PERMISSION to Maritime Education Network staff to authorize transportation and/or transport my child to or from a doctor or medical facility & authorize emergency medical treatment if I am not available to take him or her to our own physician or if condition warrants immediate treatment. I will be responsible for all medical charges.

\_\_\_\_\_/\_\_\_\_\_/2017  
Parent/Guardian Signature Please Print Name

Registration \_\_\_\_\_ + Before/After Care (separate check) \_\_\_\_\_ = TOTAL AMOUNT DUE \$ \_\_\_\_\_

*Please Complete and Mail with a check payable to:*

**Maritime Education Network, Inc., 203 Ferry Road, Old Saybrook, CT 06475**

Physical forms may be scanned & sent via e-mail, but PLEASE indicate program & session.

Phone: (860) 388-4180 or (860) 227-0581 Please do NOT Text.

*Thank you. We look forward to working with you and your child!*