

Office Use Only
Check when confirmation
is sent

REGISTRATION FORM 2017 (Marine Explorer & 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: _____

****Note: As the Explorer Program is only 3 days, you may wish to add the Marine Science program for Monday & Tuesday.**

MARINE EXPLORER PROGRAM

(On Water & Shore Expeditionary Program)

Entering grades 5 - 9 in September, 2017

1: June 28, 29, 30 / 2: July 5, 6, 7 / 3: July 12, 13, 14 / 4: XX / 5: July 26, 27, 28 / 6: Aug. 2, 3, 4 / 7: Aug. 9, 10, 11

Preferred session dates: _____ If this session is full, our 2nd choice session is: _____

Wednesday, Thursday, Friday: 9:00 A.M. – 3:15 P.M. \$300/Week

(Please note: In case of inclement weather, students will engage in land based field trips, &/or activities in our boat shed and marine lab.)

MARINE SCIENCE EXTRAORDINAIRE Optional Add on for Marine Explorer

Entering grades 4, 5 & 6 in September, 2017

1A: June 26 - 27 / 2A: July 3 / 3A: July 10 - 11 / 4: XX / 5A: July 24 - 25 / 6A: July 31 - Aug. 1 / 7A: Aug. 7 - 8

Session dates will coincide with above.

Monday & Tuesday 9:15 A.M. – 3:30 P.M. \$130/week (\$65 for Week 2A)

PARENT INFORMATION

FATHER (or guardian)

Name: _____ Home phone (____) _____

Address: _____ City: _____ Zip _____

Cell Phone _____ E-Mail address: _____

Employer: _____ Town: _____ Phone (____) _____

MOTHER (or guardian)

Name: _____ Home phone: (____) _____

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

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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 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 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

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

Thank you. We look forward to working with you and your child! Page 2 of 2