



WINTER BREAK DISCOVERY CAMP

DEC. 26-28 & JAN. 2-4

OFFICE USE
Received:
Payment:
Confirmation:
Initial:

WHO'S PERFECT FOR THIS CAMP?

Any child between the age of 5 and 12 with a vivid imagination!

CANCELLATION POLICY

A non-refundable processing fee of \$30 is included in each camp/class registration. Should you choose to cancel your registration for any reason, you must provide notice 14 days before the start of your camp to receive a full refund, minus the \$30 processing fee. No refunds will be given within 14 days (2 weeks) of the start of your camp. Camps are subject to cancellation if camp registration is less than 10 children. Participants will be notified and registration will be refunded. No refunds will be provided should the Center need to close due to natural disasters or circumstances beyond our control. A \$30 bank fee will be assessed to any returned check.

CAMP DESCRIPTIONS

All camps include daily visits in the Discovery Center, outdoor play and snacks.

HOLIDAY MAGIC CAMP

9:00am-4:00pm

Based on the "four Ps" of magic, Preparation, Poise, Presentation and Performance, our young magicians will learn amazing illusions and mindblowing magic. Both new and experienced students welcome. New magic will be taught every week. Classes will be taught by The Honolulu Magic Company.

CHILD INFO

Child's Name _____ Birthdate _____ Boy Girl

Child's School _____

Special Needs/Medical Considerations/Allergies: _____

Has your child attended Discovery Camp before? Yes No

IMPORTANT: PLEASE READ THIS RELEASE STATEMENT BEFORE SIGNING FORM

In consideration of accepting this entry, I, the undersigned, intending to be legally bound for myself and/or my child, and our heirs, executors and administrators, waive and release any and all rights and claims, injuries and damages I and/or my child may have against the Children's Discovery Center, and all volunteers, sponsors, and the officers, directors, agents and employees of any of them. I additionally consent to the use of my and/or my child's name and/or picture in broadcasts, telecasts, etc. arising out of participation in the Discovery Center Camps without any payment to me and/or my child.

Parent's/Guardian's Signature _____

Date _____

For more information, please call 524-5437 or email info@discoverycenterhawaii.org

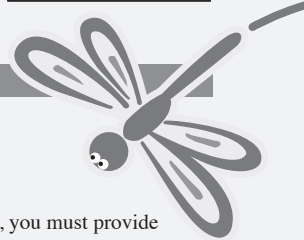
Registration Deadline is Dec. 1!

CAMP TIMES

Full Day Camp 9:00am - 4:00pm

Drop Off 8:30am-9:00am

After Camp Care 4:00pm-4:30pm



PARENT/GUARDIAN INFO

Parent/Guardian Name _____

Mailing Address _____

E-mail Address (a confirmation will be e-mailed) _____

Telephone _____

Member Number _____

IN CASE OF EMERGENCY

Emergency Contact _____

Day Phone _____

Emergency Contact _____

Day Phone _____

Adults, including parents, authorized to pick up child:

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

DIRECTIONS: Please make your camp selections by checking all the boxes that apply.

DISCOVERY CAMP SESSIONS

	Members	Non-Members	Total
1. Magic Camp 1 <i>Dec. 26-28</i>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	\$
2. Magic Camp 2 <i>Jan. 2-4</i>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	\$
4. After Camp Care (4:00-4:30) _____ (weeks) x \$10.00			\$
Additional Tax Deductible Donation			\$

Please send check payable to:
Children's Discovery Center
111 Ohe Street, Honolulu, Hawaii 96813

TOTAL
ENCLOSED \$ _____