

# ALDRIDGE BOTANICAL GARDENS

## Children's Summer Camp Registration and Emergency Form 2009

### Refund/Cancellation Policy

Cancellation Policy: Full tuition refunds (minus a \$20 processing fee) will be given if notification of cancellation is received at least 15 business days prior to class start date. No refunds will be given if requested less than 15 business days prior to class start date. We reserve the right to cancel classes due to lack of minimum number of participants.

**Registration Information:** For information – 682-8019 or [vashan1@bellsouth.net](mailto:vashan1@bellsouth.net)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Aldridge Gardens Member? Yes No ~ Email \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's School: \_\_\_\_\_

How did you hear about *Just for Kids Summer Camp*?

### Emergency Information

In case of emergency if parents cannot be reached, please contact:

\_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Pediatrician/Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or restricted activities:

\_\_\_\_\_

I understand that the Aldridge Botanical Gardens, its employees and volunteers, do not assume legal responsibility for the health and welfare of the program participants. In the event of a medical emergency, I understand that every effort will be made to reach the contact above. If this contact cannot be reached, I hereby give permission to secure medical treatment for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I hereby give consent for my child to be photographed and/or videotaped for use by Aldridge Botanical Gardens for the production of media and marketing. Initial \_\_\_\_\_

Please check the classes for which you are registering -

√	Date	Class	Entering	Member	Non	Time	Total
	June 1-5	Creative Science Investigation	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 1-5	Making Friends with Garden Fairies	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 1-5	Let's Do Lunch ~ the Extra Hour		\$20	\$25	11:00-12:00 11:30-12:30	
	June 8-12	Creative Science Investigation	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 8-12	Making Friends with Garden Fairies	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 8-12	Natural Imagination	5K-2 <sup>nd</sup>	\$75	\$90	9-11:00	
	June 8-12	Wiggly, Wonderful Worms!	5K-3 <sup>rd</sup>	\$75	\$90	9-11:00	
	June 8-12	Let's Do Lunch ~ the Extra Hour		\$20	\$25	11:00-12:00 11:30-12:30	
	June 15-18	Creative Science Investigation	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 15-18	Making Friends with Garden Fairies	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 15-18	Natural Imagination	5K-2 <sup>nd</sup>	\$75	\$90	9-11:00	
	June 15-18	Wiggly, Wonderful Worms!	5K-3 <sup>rd</sup>	\$75	\$90	9-11:00	
	June 15-18	Reader's Theatre in the Garden	2 <sup>nd</sup> -3 <sup>rd</sup>	\$95	\$110	9-11:30	
	June 15-18	Let's Do Lunch ~ the Extra Hour		\$20	\$25	11:00-12:00 11:30-12:30	
	June 22-26	Creative Science Investigation	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 22-26	Making Friends with Garden Fairies	3 <sup>rd</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 22-26	Nature Weavings	4 <sup>th</sup> -5 <sup>th</sup>	\$95	\$110	9-11:30	
	June 22-26	Peek-A-Boo Ladybug	5K-2 <sup>nd</sup>	\$75	\$90	9-11:00	
	June 22-26	Waiting for Wings	5K-1 <sup>st</sup>	\$75	\$90	9-11:00	
	June 22-26	Let's Do Lunch ~ the Extra Hour		\$20	\$25	11:00-12:00 11:30-12:30	

**Method of Payment**

We accept cash, checks, or credit cards for payment in full. For information – 682-8019 x3 or aldridgevr@bellsouth.net

Become a Garden member and save on registration fees! Family \$45 \_\_\_\_\_

\_\_\_\_\_ Class Registration amount  
 \_\_\_\_\_ Class Registration plus Membership  
 \_\_\_\_\_ Total Payment

Check method of payment:  Credit Card  Cash  Check (make payable to Aldridge Botanical Gardens)

Credit Card Information  Visa  Master Card  Discover  Other

Card # \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp: \_\_\_\_\_

Print name as it appears on credit card: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_