

REGISTERING FOR: All Camps are 4 weeks (consisting of 12 total class days)

| Camp 1 (Mon. Jan 6th – 31 st) *No camp on Mon Jan 20 - MLKjr Day Camp 2 (Mon. Feb. 3 rd – Feb. 28 th) *No camp on Mon Feb 17 th -President Day Camp 3 (Mon. March 3 rd – April 4 th) *No camp week of March 17 th - Spring break Spring Break Camp March 17 th -March 21st *Camp is available for extra added fee Camp 4 (Mon. April 7 th – May 2 nd) Camp 5 (Mon. May 5 th – May 30th) *No camp week of June 2 nd for Summer Break | Camp 6 (Mon. June 9 th July 4 *No camp Fri. July 4 th -Independence Day Camp 7 (Mon. July 7th – Aug 1 st) Camp 8 (Mon. Aug 4 th – Aug 29 th) Camp 9 (Tues. Sept 2 nd – Sept. 26th) *No camp on Mon Sept 1 st – Labor Day Camp 10 (Mon. Sept 29 th – Oct 24 th) Camp 11 (Mon. Oct 27 th – Nov. 21 st) Camp 12 (Mon. Nov 24 th - Tues, Dec. 19 th) *No camp Thu Nov 27 ^{th &} Friday Nov 28 th Winter Break Dec 22 nd – Jan 2nd | | |
|---|---|---------|-------------------------------------|
| STUDENT INFORMATION | | | |
| Child #1 Name | | | |
| First Preferred/Nickname: | Date of Birth | Last | Gender |
| Child #2 Name | | | |
| First Preferred/Nickname: | Date of Birth | Last | Gender |
| Mother: | Mom Cell #: Dad | | Mom _Work # Dad |
| Father: | | | _ Work # |
| AddressStreet | Apt. # | City | Zip |
| Email Address: | | | |
| Others authorized to pick up or contact in case of emer | gency: (other than p | arents) | |
| Emergency Contact Name: | #Relationship to child: | | |
| Emergency Contact Name: | Relationship to child: | | |
| SELECT YOUR PROGRAM | | | |
| Please check all that apply: | Cost is a | | fees or taxes unless paying with co |
| 1 Morning (M) 8:30 - 12:30 PM2 Mornings (T/Th) 8:30 - 12:30 PM3 Mornings (M, T/Th) 8:30–12:30 PM4 Mornings (M/T/W/Th) 8:30–12:30 PM5 Mornings (M/T/W/Th/F) 8:30–12:30 PM | ** Younger siblings receive a \$140/ month \$20 off discount /camp for 2 day camper \$280/month \$30 off discount /camp for 3-day camper \$420/month \$560/month (5 days discount is applied) | | |

Registration of the initial session requires BOTH of the following:

- 1. Payment for the 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? | | |
| • | - | | |
| | | | |
| | | ding your child: | |
| | | | |
| COMMITMENT | | | |
| initial camp being registered for, prior to 5 day LLC program director, receives a request five | rs before the start date of the camp. Tu business days prior to the first-class da qual 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 te 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 dra ten notice is required to disenroll from ActiveMe Camp to avoid any | |
| Camp Tuition for the fallowing Camp will be | due by the 3 rd week of current Camp | (Late fees of 2% will be applied after this week) | |
| risk of injury that exists in the activities and pr | ograms 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 this issociated with my child's participation in the program. | |
| and hold harmless Bounce n' Boogie, LLC, its my child. Further, I request that I be contacted Guardians cannot be contacted, I hereby design hospitalization, medical attention, or surgery a Bounce n' Boogie, LLC activity. In the event i | employees, agents, and Trustees from within a reasonable time in the event of nate the Bounce n' Boogie, LLC facul- is may be required in an emergency bear my child's parent or guardian cannot b ysician and/or medical personnel actin | Bounce n' Boogie, LLC ActiveME Camps, I hereby identify 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 y and administration or designee to act in my behalf to authorize such cause of illness or injuries sustained by my child while participating at a reached 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. | |
| Bounce n' Boogie, LLC has my permission to I agree that I have read the Bounce n' Boogie | | sing and marketing materials. Iderstand the policies of this facility and agree to abide by them. | |
| Parent Printed Name: | | | |
| Parent Signature: | | Date: | |

Bring completed registration forms with payment to: *Make checks payable to Bounce n' Boogie, LLC*

141 Osuna Rd. NW Albuquerque, NM 87107

Director/ Owner: Yaya Cabrera (505) 453-3314 www.bouncenboogie.com bouncenboogie@yahoo.com

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