



Registration Form

(this form can be typed in)

Please complete form and fax to (888) 210-4601

Please make check payable to "Celsius and Beyond"

We accept Visa and MasterCard (convenience charge will be added)

Child Name: _____
 Date of Birth: _____
 Grade: _____
 School Attending: _____

Boy / Girl

<u>Dates:</u>	<u>Session:</u>	<u>Grade:</u>	
February 15 - 19 - Ski Week	Mating / Animal Kingdom	Grades 4-8	\$365 _____
February 15 - 19 - Ski Week	Top Chef – The Science of Nutrition	Grades K-4	\$365 _____
March 29 - April 2	Aerodynamics	Grades K - 3	\$365 _____
March 29 - April 2	Metalsmith	Grades 4-8	\$365 _____
April 5 - 9	Aerodynamics	Grades K - 3	\$365 _____
April 5 - 9	Mating / Animal Kingdom	Grades 4-7	\$365 _____
April 12 - 16	Aerodynamics	Grades 4-7	\$365 _____
April 12 - 16	Metalsmith	Grades 4-7	\$365 _____

Extended Care: 8-9am & 4-6pm \$8/hour

of Days

Payments must be made in advance for any 8am-9am period. Advanced payments for Extended Care are \$8.00 per hour. Ad hoc after hours care is permitted and will be charged at \$10.00 per hour payable by cash or check at the end of each day or week.

Aftercare is billed in one hour increments.

(M,T,W,Th,F)

8am - 9am	_____	\$ _____
4:00 - 5:00pm	_____	\$ _____
4:00 - 6:00pm	_____	\$ _____

Discount if applicable:

Signing up for two weeks or more, including those of siblings, entitles you to a \$20 discount per session of camp for both kids.

Donation to the Celsius and Beyond Foundation

Our Foundation provides scholarships to families who are unable to pay the full tuition. Scholarships assure diversification and are tax deductible and all of the proceeds go directly to scholarships. From \$10 to \$100, any amount is much appreciated.

Total Fee:

I am paying by:

Check (please make payable to Celsius and Beyond and mail within 3 days)
 Credit Card (3% convenience charge to be added)
 Visa / MC Card number: _____
 Expiration Date: _____
 Name as it appear on the card: _____
 Cash

Cancellation Policy:

Fee is not refundable, however, it can be used as a credit towards other services at C&B within a year, minus \$50 processing fee

Contact Information

Parent's Name _____
 Address _____
 City and Zip _____
 Home Phone _____
 Mobile _____
 Email _____
 Other parent's Phone: _____

Emergency Contact Information

Name _____
 Phone _____
 Mobile _____
 Email _____
 Allergies: _____

Parental Release Form

I authorize Celsius and Beyond and its adult staff or representatives to consent to any emergency medical treatment and /or hospital care which is rendered to my child, under the supervision of any physician licensed in California.

I authorize approved staff members to transport my child in a personal vehicle in case of a medical emergency.

I grant permission for my child to participate in all camp activities.

Signature of Parent or Guardian

Date

Relationship