

REGISTERING FOR: All Camps are 4 weeks (consisting of 12 total class days). Camps with a Monday holiday will be prorated.

Camp 2 (Mon. Jan 31 st *no camp Camp 3 (Mon. Feb. 28 th *no camp Camp 4 (Mon. April 4 th	on Mon Jan 17 - MLKjr Feb. 24 th) on Mon Feb 21-Presiden - March 31 st) week of March 21 st -sprin 28 th) Mon April 18 th – Easter 1 26 th)	t Day ng break Monday *Mon Dec	Camp 8 (Mon. Aug 1 st – 25 Camp 9 (Mon. Aug 29 th – 3 *no camp o Camp 10 (Mon. Sept 26 th – Camp 11 (Mon. Oct 24 th – Camp 12 (Mon. Nov 21 st – *no camp T 19 will be an optional <i>extra pa</i>	non July 4 th –Independence Day 5 th) Sept. 22 nd) on Mon Sept 5 –Labor Day Oct 20 th) Nov. 17 th) Tues, Dec. 20 th) Chu Nov 24 th	
STUDENT INFORM	IATION				
Child #1 NameFirst					
First Preferred/Nickname:		Date of Birth	ast	Gender	
Child #2 NameFirst					
First Preferred/Nickname:		I Date of Birth	Last	Gender	
Mother:		Mom Cell #:	Mom Work	#	
Father:		Dad Cell #		Dad Work #	
Address	Street	Apt. #	City	Zip	
Email Address:				_	
Others authorized to pick up	p or contact in case of en	nergency: (other than pare	ents)		
Emergency Contact Name:		##	Relationship to	child:	
Emergency Contact Name:		#	Relationship to	Relationship to child:	
SELECT YOUR PRO	OGRAM				
Please check all that apply:		Cost is all-inc	elusive! No other fees or tax	es unless paying with cc siblings receive a	
1 Morning (M) 2 Mornings (T/Th) 2 Mornings (T/Th) 3 Mornings (M/T/Th)	8:30 -12:30 PM 8:30 -11:30 AM 8:30-12:30 PM 8:30-12:30 PM	\$ 115 / month \$ 195 /month \$ 230 /month \$ 335 /month	\$20 off disc	ount /camp for 2 day campers ount /camp for 3 day campers	
Registration of initial session 1. Payment for first 4-week ca	n requires BOTH of the				

2. Sign Auto-Draft contract for scheduled 4-week payments of subsequent camps. (you may disenroll anytime with 15-day notice)

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MEDICAL INFORMATION

Physician:	Phone:	Hospital Preference:			
		Policy #:			
Are shots up to date?	Any known allergies?				
What symptoms does your chi	ld display when having an allergic reaction?				
Special needs, disabilities, or a	additional health information:				
Give any further information,	which you feel would be helpful in understan	nding your child:			
COMMITMENT					
initial camp being registered for, p LLC program director receives a r	prior to 5 days before the start date of the camp. To request five business days prior to the first class day amp, a fee equal to 50% of the camp tuition will b	6 of the camp tuition whenever a child is withdrawn or cancels out of the uition 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			
		igned auto check-draft form authorizing Bounce n' Boogie, LLC to draftten notice is required to disenroll from ActiveMe Camp to avoid any			
risk of injury that exists in the acti	vities and programs in which my child will engage	ical Transportation: I understand that there is an inherent element of e during the Bounce n' Boogie, LLC ActiveME Camps. In signing jury associated with my child's participation in the program.			
and hold harmless Bounce n' Boog my child. Further, I request that I I guardian cannot be contacted, I he hospitalization, medical attention, Bounce n' Boogie, LLC activity. I relinquish our responsibility to a p	gie, LLC, its employees, agents, and Trustees from be contacted within a reasonable time in the event breby designate the Bounce n' Boogie, LLC faculty or surgery as may be required in an emergency be in the event my child's parent or guardian cannot be	n Bounce n' Boogie, LLC ActiveME Camps, I hereby indemnify n 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 and administration or designee to act in my behalf to authorize such cause of illness or injuries sustained by my child while participating in a per reached and the situation calls for medical attention, I recognize and ag in the best interest of my child. I hereby assume financial and surgery provided.			
	ermission to use my child's photograph for adverti e n' Boogie, LLC ActiveME Camp Handbook. I u	sing and marketing materials. Inderstand the policies of this facility and agree to abide by them.			
Parent Printed Name	:				
Parent Signature:		Date:			
	Bring completed registration forms v Make checks payable to Bounce n				
	141 Osuna Rd. NW Albuquerque, NM 871	l l			
	Director/ Owner: Fmily Carcia (505) 205-6342			

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

www.bouncenboogie.com bouncenboogie@yahoo.com

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