BIG Little Science Centre – Summer Science Camp Registration 2024 All camps start at 9:00am and finish at 3:00pm. No pre or post childcare is available.

Name of Camper: _	Birth date	e:
Last Grade Complete	ed: CARE Card Number:	
Medical Concerns (allergies, health issues, behavioral concerns, medication currently in use, other):		
	/Guardians:	
Daytime 'this will r	reach you' phone number(s):	
Address of Parents/0	Guardians:	
Email (for info, upda	ates, photo sharing):	
Local contact name,	, address and phone number if you are from out of	town:
Name of Emergency	/ Contact(s):	
	Daytime 'this will reach them' phone #:	
	ck up your child at end of day:	
	2024 Camps: Please check all boxes that Bursaries may be available. Contact us for more	
☐ Junior Science C	Camp, July 8 to July 12: Grades 1-4.	\$ 250.00
☐ Robotics Camp, July 15 to July 19: Grade 4 plus.		\$ 250.00
☐ Intermediate Science Camp, July 22 to July 26: Grade 5 plus.		\$ 250.00
\square Junior Science Camp, July 29 to August 2: Grades 1-4.		\$ 250.00
\square Creative Design and Maker Camp, August 6 - 9 (4 days): Grades 1-4.		1-4. \$ 220.00
\square Creative Design and Maker Camp, August 6 - 9 (4 days): Grade 5 plus.		5 plus. \$ 220.00
Robotics Camp, August 12 to August 16: Grade 4 plus.		\$ 250.00
Junior Science Camp, August 19 to August 23: Grades 1-4.		\$ 250.00
or Office use onl	y Date of Payment: S	ubtotal:
	Method of Payment: D	iscount:
Discount for BLSC	C Members: \$25.00 per week	otal:

Camp cancellation policy: Full refunds are available up to one week prior to camp start date, minus a \$25 cancellation fee. No refunds are available within one week of camp. BIG Little Science Centre reserves the right to expel any camper, without refund of entrance fees, who behaves inappropriately or is disruptive to other campers, volunteers, or staff.

Permissions

- 1. I hereby give permission to have pictures taken of my child in the program setting for general record-keeping. Yes No (circle)
- 2. I hereby give permission to have pictures taken of my child in the program setting for publicity purposes, newsletters. Yes No (circle)

In case of accident or illness, if a parent or guardian cannot be reached, if necessary we will take your child to the emergency ward of the nearest hospital. Signing the consent form gives your authorization for emergency health services.

experiments for the campers. BIG Little Science Ce	gram is preparing a variety of scientific activities and entre employees have been trained in both WCB Level 1 ormation System (WHIMS) courses. We will take all will attempt to minimize any associated risks.	
I,	(name of Parent or Guardian)	
understand that activities of this type expose the	he students participating to elements of risk. Accidents These accidents may cause injury. Examples of possible	
	ctivity and can occur without fault on either part of the Program or its employees or agents. By allowing your are accepting the risk of accident occurring.	
I give	(name of camper) permission to participate	
in the BIG Little Science Centre Summer Science	(name of camper) permission to participate e/Robotics Camp.	
The information in this application is correct and I am the parent or guardian of		
	(name of camper). I hereby have read and	
agree to all terms and conditions on this applica	ition.	
Parent/Guardian Signature:	Date:	
Signed by Witness (19 years or older):	Date:	
Printed name of Witness:		
Address of Witness:		

REGISTRATION:

Full registration requires the completion of both pages of this form and full payment.

Bursaries may be available. Contact Jo-Ann for more information.

ELECTRONIC: Email form to (joann@blscs.org) & call with payment; 250-554-2572

IN PERSON: @ BIG Little Science Centre

458 Seymour Street, Kamloops, British Columbia