

MICRO



BIOLOGISTS

Summer 2012

Children 3-5 years of age are invited to participate in our educational programs which include aquarium exploration, stories, games, age appropriate lessons, arts and crafts, and of course a break for snack! Micro Biologists is a two-hour drop off program perfect for the mini marine biologist in your life.

Enroll online on at www.healthebay.org

CLASS DATES AND TOPICS

All classes are Mondays, at 9:30-11:30a.m. & 2:00-4:00p.m. time slots.

6/18/12 Sharks!

7/2/12 How Do I Eat?

7/9/12 Pollution Makes Me Sea Sick

7/16/12 Rockin' Shores

8/6/12 Ocean Commotion

8/13/12 Fishy Fossils

8/20/12 Beach Day

Heal the Bay Members

\$20 per class

Non-Members

\$25 per class



REGISTRATION FOR SUMMER CLASSES BEGINS APRIL 30, 2012

Child's Name: _____ Child's Nickname: _____

2nd Child's Name: _____ 2nd Child's Nickname: _____

Date of Birth (must be between 3-5) : _____ 2nd Child's Date of Birth : _____

Parent's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Daytime): _____ Phone (Evening): _____

Please pick which class(es) you would like your child to attend

JUNE

6/18/12 9:30-11:30 2:00-4:00

JULY

7/2/12 9:30-11:30 2:00-4:00

JULY

8/6/12 9:30-11:30 2:00-4:00

7/9/12 9:30-11:30 2:00-4:00

8/13/12 9:30-11:30 2:00-4:00

7/16/12 9:30-11:30 2:00-4:00

8/20/12 9:30-11:30 2:00-4:00

Please note that a non-refundable, advance payment is required to reserve a spot in the class.

Payment will not be processed until class dates are confirmed

Heal the Bay Member: Yes (\$20.00 per class) No (\$25.00 per class)

Amount Due: _____ Payment type: check* cash (please do not send cash by mail)

Visa or Master card # _____ exp. _____

**Please make checks payable to "Santa Monica Pier Aquarium."*

Email address: _____

Would you like to be added to our upcoming classes email notification list? Yes No

HOW TO REGISTER:

Class registration for the summer begins 4/30/12. Forms received before this date will not be accepted. Enrollment is first come first served basis.

By Fax - 310-393-4839

By Mail – Mail completed form and payment to:

Santa Monica Pier Aquarium
Attn: Micro Biologists
1600 Ocean Front Walk
Santa Monica, CA 90401



For more information: 310-393-6149 x 102

Child Care Information and Instructions

Date:			
Child's Name:		Date of Birth:	
Mother's/ Guardian's Name:			
Father's/ 2 nd Guardian's Name:			
Parent's Address: Street:			
City:		Zip:	
Home Phone: () () ()		Mobile: () ()	
Work Phone: () ()			
Best number to call in case of emergency: Home Mobile Work			
Second Contact Name:		Phone #: () ()	
Relationship:			
Child's Doctor Name:		Phone #: () ()	
Health Insurance Company:			
Group #		Policy #:	
Medications:			
Allergies:			
Special Conditions/ Instructions			

PARENTAL PERMISSION AND MEDICAL CONSENT FORM

Consent and authorization of medical and/or dental treatment

I hereby give my consent for [name of child] _____ (hereinafter referred to as "child") to participate in the Micro Biologists Classes at the Santa Monica Pier Aquarium.

I further authorize any of the employees or representatives of the Santa Monica Pier Aquarium or Heal the Bay to provide for, approve, and authorize any health care at any hospital, emergency room, doctor's office or other institution, and to employ any physicians, dentists, nurses, or other person(s) whose services may be needed for such health care, or review as in his or her sole judgment may be necessary for the examination and treatment of my child. I further authorize disclosure of the content of any medical or dental records regarding my child as necessary for the examination and treatment of my child, and hereby execute my consent as required by medical, dental or health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include, but not be limited to, the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency the staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.

Name of Child (PLEASE TYPE or PRINT): _____

Name of Parent of Guardian (PLEASE TYPE or PRINT): _____

Signature of Parent or Guardian

Date