

For the after-school program, list your preferred weekday and any alternatives below, in order of preference:
After-School (preferred days): _____; Field Day (please circle); Other (please list): _____

Enrollment Form/Permission Slip, Mohr's Explorers, LLC

To secure enrollment, please mail this form, with payment, to: 75 Ward Place, South Orange, NJ 07079

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the authority of Mohr's Explorers, LLC. It is the firm hope the authorization granted by this form will never need to be used. However, to insure the safety of the children in an emergency situation where the parent or guardian cannot be immediately contacted, this form may become extremely important. This form grants parental permission for all programming provided by Mohr's Explorers, LLC throughout the 2018-19 school year and is valid for the entire school year.

Child's Full Name _____ Grade _____ Date of Birth _____ Age _____ Gender (M/F) _____

Home Address _____ Street/Apt. # _____ City/State/Zip _____ School _____

EMERGENCY INFORMATION

List the full names and complete contact information of each adult who has the authority to make decisions in an emergency situation involving this child. Please list adults in the order in which you want contact attempts to be made and circle those residing with this child.

Full Name/Relationship	preferred e-mail address	cell phone	home phone	work phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL INFORMATION (for overnight trips – if anything is applicable for after-school, camps, etc., please include)

Date of last tetanus _____ Any medical conditions (allergies/asthma/etc.) we should be aware of? _____ (if yes, see below)

If your child requires any medication(s) to be administered by us, you must include a **complete, separate, typed list of specific instructions (dosage, times/day, time(s) of day it needs to be taken, etc.)** with this form, including the name(s) of the medication(s) and what the medication(s) is/are specifically prescribed for. You may also e-mail it, but we cannot accept handwritten instructions nor can we accept the instructions at pick-up for any of our programs. We have no problem managing any and all necessary medications, but **we must have this information beforehand.** Please use the back of this form, if necessary.

Child's Physician _____ Phone _____ Dentist _____ Phone _____

OTHER INFORMATION

Please include pertinent information about anything else we need to know about your child – medical, behavioral or otherwise (list below, on back or e-mail separately). On rare occasions, we may provide a piece candy, gum or ice cream for each participant during our Camping Trips or Camps, but we do **NOT** provide any food during After-School Programs or Field Days. Regardless, it can be helpful to know, so if **anything is not permissible**, please specify so that we can provide alternatives.

PARENTAL PERMISSION

Mohr's Explorers, LLC has my permission for my child, (print child's full name) _____, to participate in the After-School Program, any of the upcoming Camping Trips, Mini-Camps, the Summer EDventure Camp and/or any other programming options for the 2018-19 school year. I hereby consent to all included activities planned and supervised by Mohr's Explorers, LLC and I hereby consent to all methods of travel necessary to reach various destinations (only when applicable) throughout the area, whether it be via train, bus, van, taxi, Uber, etc. I also give my permission to Mohr's Explorers, LLC to treat my child for routine, minor injuries, such as cuts, scrapes and bruises. In the event that my preferred contacts listed above cannot be reached in an emergency, I hereby grant Mohr's Explorers, LLC permission to bring my child to be treated at a hospital emergency room. In the event of illness or injury, I do hereby consent to any treatment and hospital care, that are considered necessary in the best judgment of the attending physician, surgeon and/or dentist, and the undersigned agrees that his/her health insurance will be used as the primary coverage, if necessary, to cover such medical care.

In consideration of Mohr's Explorers, LLC accepting this registration and permitting the participation of the above named child in such activities, which I believe to be educational and/or physical, I hereby release, discharge, indemnify and hold harmless Mohr's Explorers, LLC, its employees, representatives and consultants from any and all claims, actions and liabilities arising out of or in connection with the above named child's participation in any aspect of the activities provided.

Name of Undersigned Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE CIRCLE OR HIGHLIGHT YOUR PREFERENCES:

I would like to be added to the Mohr's Explorers e-mail list for occasional program updates and registration notifications – YES / NO

I permit my child's name to be published on the password-protected Hall of Fame portion of www.mohrs-explorers.com when/if applicable – YES / NO

I give Mohr's Explorers, LLC permission to reproduce and publish any photograph of my child for advertising, commercial or any lawful purpose – YES / NO