

VACATION DAY SCIENCE CAMP

the children's museum

REGISTER:

Return form below with full payment **(and health form)**:

The Children's Museum Registration Department
950 Trout Brook Drive, West Hartford, CT 06119
860.231.2830, ext. 44 or Fax: 860.232.0705

COST:

\$60/day for The Children's Museum members
\$70/day for non-members

VACATION SCIENCE HEALTH REQUIREMENTS

- Record of physical examination, with immunization history, **MUST** be submitted to us **BEFORE** child attends the program.
- Documents must be signed by the doctor and the exam must fall on or after February 1, 2007.
- Children must be able to self-administer medications, including Epi-Pens

Assume your child is registered unless you are contacted. Confirmations are not sent.

Vacation Science Registration Form

Program fees are non-refundable and non-transferable.

Please circle day(s): 12/28/09 12/29/09 12/30/09 12/31/09 1/18/10

Child's Name _____ School _____ Grade _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Emergency Day Phone #1 _____ Emergency Day Phone #2 _____

Parent/Guardian Name _____ E-mail address _____

Member Non-Member Amount enclosed _____ Cash Check Check# _____ VISA MC Exp. Date _____

Account Number _____ CVV# _____ Signature _____

(the last three digits on the back of your credit card) ↑