

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 x44 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 **May 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): 4/19/10 4/20/10 4/21/10 4/22/10 4/23/10

Child's Name _____ School _____ Grade _____

Home Address _____ City _____ Zip Code _____

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

Parent/Guardian Name _____ E-mail address _____

Member Member # _____ Non-Member Amount enclosed _____ Cash Check Check# _____

VISA MC Exp. Date _____

Account Number _____ CCV# _____ Signature _____