

# SUMMER 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

**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 September 1, 2007.
- Children must be able to self-administer medications, including Epi-Pens.

**COST:**

Full Day: \$295/week for The Children's Museum members; \$345 for non-members  
 \$235/week for members; \$275 for non-members, week of July 5 (four-day week)  
 10% discount for siblings attending full day programs

Half Day: \$185/week for The Children's Museum members; \$200 for non-members  
 \$150/week for members; \$160 for non-members, week of July 5 (four-day week)

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

**Summer Science Registration Form**

**Program fees are non-refundable and non-transferable.**

Please circle the week(s) and indicate half or full day session:

7/5/10    7/12/10    7/19/10    7/26/10    8/2/10    8/9/10    8/16/10    Half Day     Full Day

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

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 \_\_\_\_\_