

# 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 x 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 December 1, 2010.
- Medication Authorization Form for any child requiring medication administered while at camp, including Epi-Pen.

*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):                      9/5/13                      10/14/13                      11/5/13  
Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency Phone #1 \_\_\_\_\_ Contact Name \_\_\_\_\_  
Emergency Phone #2 \_\_\_\_\_ Contact Name \_\_\_\_\_  
Member  Member # \_\_\_\_\_ Non-Member  Amount enclosed \_\_\_\_\_ Cash  Check  Check# \_\_\_\_\_  
VISA  MC  Exp. Date \_\_\_\_\_  
Account Number \_\_\_\_\_ CCV# \_\_\_\_\_ Signature \_\_\_\_\_