

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, 2008.
- Medication Authorization Form for any child requiring medication administered while at camp, including Epi-Pen.

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)

DISCOUNT OFFER: Sign up for your first week at the regular price and receive a 10% discount on each additional 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:

6/27/11 7/5/11 7/11/11 7/18/11 7/25/11 8/1/11 8/8/11 8/15/11 8/22/11 Half Day Full Day

Child's Name _____ School _____ Grade in Fall _____
 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 _____