

Summer Camp Registration Form

CAMPER INFORMATION:

A complete and separate form must be submitted for each camper. Register for classes based on the last grade completed.

CHILD'S NAME _____ FEMALE MALE

BIRTH DATE _____ AGE _____ LAST GRADE COMPLETED _____

REQUIRED: My child has special needs (*food allergies, learning or physical challenges, bee sting reactions, etc.*) NO YES (please explain)

CLASS NAME	CLASS DATES	COST OF CLASS
<i>Good Vibrations: Art, Science and a Music Video!</i>	<i>August 18 - 22; 9:30am - 3:30pm</i>	

Ann Arbor Hands-On Museum Membership ID# _____

TOTAL COST OF CLASS(ES) _____

PAYMENT: CASH CHECK VISA/MC# _____ EXP. DATE _____
SIGNATURE _____

PARENT/GUARDIAN INFORMATION:

1. NAME _____ RELATIONSHIP TO CHILD _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

STREET NUMBER _____ STATE _____ ZIP _____

CITY _____ E-MAIL _____

2. NAME _____ RELATIONSHIP TO CHILD _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

Which parent/guardian should we contact first in the event of an emergency? _____

- My child has a current physical and up-to-date immunizations.
In the event we cannot reach a parent/guardian, please provide us with an emergency contact that would be able to assist your child

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

- I understand my child will be treated with first aid in an emergency situation.
- My signature on the registration form grants the Ann Arbor Hands-On Museum permission to use photographs of my child for promotional purposes. If you do not wish your child be photographed, please attach a written request.

PARENT/GUARDIAN SIGNATURE (REQUIRED) _____

FOR OFFICE USE ONLY: RECEIVED DATE _____ TIME _____ CHECK # _____ MEMBERSHIP CHECKED BY _____