



REGISTRATION FORM

Today's date _____ Start date _____

Child's Name _____ Birth Date _____

1st Parent / Guardian's Name _____

2nd Parent / Guardian's Name _____

Address _____ City _____ Zip _____

Email (for school use only) _____

Home phone _____ Cell phone _____

Work phone (1st parent) _____ Work phone (2nd parent) _____

Museum Member (Must be at the family level or above) ___ NO / ___ YES, Membership number _____

T-shirt size (one shirt per child included) ___ 2-4 ___ 6-8 ___ 10-12 ___ 14-16

Tuition payment plan ___ One full payment ___ Monthly

Class – please circle choice of class or classes, and days for Spanish or extended care.

Preschool				Kindergarten		Spanish	AM care	PM care
T / Th	M / W / F	M - F	Full-time	M - F	Full time	T / W / Th	M / T / W / Th / F	M / T / W / Th / F

NOTE: There is a \$25 fee for each change made after August 1.

Tuition and Fees due with registration form:

Non-refundable registration fee \$50.00

Non-refundable security deposit, one month's tuition (from calculation sheet) _____

Total due _____

___ Enclosed is my check for \$ _____ made payable to the Museum of Nature & Science.

___ Charge \$ _____ to _____ (name on card)

Card number _____

Expiration date _____ Security code _____ Billing zip _____

I understand I am responsible for the payment of all non-refundable tuition and fees.

Parent / guardian signature _____

* Sending in this form with the fees does not guarantee a place in the school.