



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 _____ 1st parent cell phone _____ 2nd parent cell phone _____

1st parent work phone _____ 2nd parent work phone _____

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

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

Preschool				Kindergarten- 1st		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 (refer to fee sheet) _____

Total due _____

Tuition payment plan ___ One full payment ___ Monthly

___ 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 tuition and fees and that tuition and fees are non-refundable.

I authorize Museum of Nature and Science to charge the above credit card for monthly payments.

Parent / guardian signature _____

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