



Membership Number _____

Child's Name _____

Age _____ Birth Date _____ Gender _____

Last School Attended _____ Grade Completed by June 2017 _____

Parent(s)/Guardian(s):

Best phone # () _____

Next best phone # () _____

Street _____

City/Zip Code _____ Alternate phone () _____

Contact email address _____

Emergency Contact Name/Number _____

I wish to enroll my child in the following session(s): Check applicable sessions

Each session is open to rising 1st-4th graders and runs 9am-12pm M-F *please note the museum will still be closed to the general public on 6/19, 7/10, 7/24 & 8/7

Session 1 June 19-23 Artist Workshop*

Session 2 July 10-14 Science*

Session 3 July 24-28 Jane's Cafe

Session 4 August 7-11 Building Zone

*** Campers should bring a prewashed white cotton t-shirt for these sessions**

Please list and describe any allergies, conditions or behavioral needs your child may have _____

Please list any person that has permission to pick up your child from Summer Program other than a parent/guardian already listed and provide contact phone number:

Permission is hereby granted for my child _____ to participate in all activities of the summer program and use all of the educational and play equipment of Children's Museum of Alamance County.

Permission is hereby granted for Summer Program staff members to administer the medications checked off below without having to notify the parent(s)/guardian(s):

Acetaminophen Benadryl Ibuprofen

Photo/Video Release Consent

Children's Museum of Alamance County requests permission to film, photograph, and/or digitally record museum activities, programs, special events, projects, and/or children. Materials may be used in publications, presentations to professional and community groups, newspaper and television stories, printed marketing materials, and/or digital content (including website and social media)

Name of child: _____ **Age:** _____

Yes, I DO consent to taking and use of pictures of my child and/or his/her work as set forth above.

Date: _____

(Printed) Name of parent/guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Signature: _____ **Phone:** _____

**Program fees: \$140 per child/per session (Members receive a 10% discount)
50% non-refundable deposit is due at the time of registration. Remaining balance is due by June 1, 2017**

Office Use Only: Deposit _____ Date _____ Balance paid _____ Date _____