

SCIENCE SPECTRUM

HOLIDAY CAMP REGISTRATION

Class:	
Dates:	
Days:	
Time:	

Child's Name:			
Age:		Birth date:	

Allergies:			
Special Needs:			
Anything else we should know?			
Membership Name:			
Membership #:			

Emergency Contacts			
	Name:	Relationship:	Phone #:
1.)			
2.)			
3.)			

Mailing Address			
Street:			
State:		Zip:	