



SCIENCE CAMPS REGISTRATION



CAMP INFORMATION

DATE: _____ EMPLOYEE: _____

Child's Name:			
Age:		Birth Date:	
Class(es):			
Dates:			
Time:			

CHILD INFORMATION

Allergies:	
Special Needs:	
Anything else we should know?	

EMERGENCY CONTACTS

	Name:	Relationship:	Phone #:
1			
2			
3			

MAILING ADDRESS

Street:			
City:			
State:		Zipcode:	

TRANSACTION INFO

Transaction #:	
Patron ID / Member ID #:	
Patron / Member Name:	