

# REGISTRATION SummerCamp

**CHECKS PAYABLE TO STAMFORD MUSEUM & NATURE CENTER  
MARK ENVELOPE "REGISTRATION"  
MAIL TO: STAMFORD MUSEUM & NATURE CENTER  
39 SCOFIELDTOWN ROAD, STAMFORD, CT 06903  
OR FAX TO: 203.322.0408**

## 1ST PARENT

CIRCLE ONE: DR.   MR.   MRS.   MS.	LAST NAME	FIRST NAME
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EMAIL (REQUIRED)
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## 2ND PARENT

CIRCLE ONE: DR.   MR.   MRS.   MS.	LAST NAME	FIRST NAME
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EMAIL (REQUIRED)
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ADDRESS	CITY	STATE
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TEL (DAY)	(EVENING)	ZIP
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<b>1ST CHILD</b>	LAST NAME	FIRST NAME
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DATE OF BIRTH	AGE	ENTERING GRADE
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DOCUMENTED SERIOUS ALLERGIES	EPI-PEN: <input type="checkbox"/> YES <input type="checkbox"/> NO
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1. CODE #	TITLE	ADD LUNCH <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE	TOTAL FEE
2. CODE #	TITLE	ADD LUNCH <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE	TOTAL FEE
3. CODE #	TITLE	ADD LUNCH <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE	TOTAL FEE

<b>2ND CHILD</b>	LAST NAME	FIRST NAME
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DATE OF BIRTH	AGE	ENTERING GRADE
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DOCUMENTED SERIOUS ALLERGIES	EPI-PEN: <input type="checkbox"/> YES <input type="checkbox"/> NO
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2. CODE #	TITLE	ADD LUNCH <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE	TOTAL FEE
3. CODE #	TITLE	ADD LUNCH <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE	TOTAL FEE

<b>MEMBERSHIP FEE FOR NEW MEMBERS AND RENEWALS MUST ACCOMPANY THIS REGISTRATION FORM.</b>	
<input type="checkbox"/> \$ 100 FAMILY	<input type="checkbox"/> \$ 500 DIRECTOR'S CIRCLE
<input type="checkbox"/> \$ 175 FAMILY PLUS	<input type="checkbox"/> \$ 30 NANNY CARD ADD-ON
<i>Please note: Replacement cards \$10 each</i>	

<b>TOTAL CLASS FEE</b>	
<b>MEMBERSHIP FEE</b>	
<b>T-SHIRT FEE (\$15/EA)</b>	
<b>TOTAL AMOUNT ENCLOSED</b>	

<b>CHECK ONE:</b> <input type="checkbox"/> CURRENT MEMBER <input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/> RENEWAL MEMBERSHIP <input type="checkbox"/> NON MEMBER
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<b>METHOD OF PAYMENT:</b> <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> CASH (in person only)
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NAME AS IT APPEARS ON YOUR CREDIT CARD	CARD NUMBER
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BILLING ZIP CODE	EXPIRATION DATE	SECURITY CCV CODE
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AUTHORIZED SIGNATURE
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