

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 |
| EMAIL (REQUIRED) | | |

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

| | | |
|-----------|-----------|-------|
| ADDRESS | CITY | STATE |
| TEL (DAY) | (EVENING) | ZIP |

| 1ST CHILD | LAST NAME | FIRST NAME |
|------------------------------|-----------|---|
| DATE OF BIRTH | AGE | ENTERING GRADE |
| DOCUMENTED SERIOUS ALLERGIES | | EPI-PEN: <input type="checkbox"/> YES <input type="checkbox"/> NO |

| 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 |

| 2ND CHILD | LAST NAME | FIRST NAME |
|------------------------------|-----------|---|
| DATE OF BIRTH | AGE | ENTERING GRADE |
| DOCUMENTED SERIOUS ALLERGIES | | EPI-PEN: <input type="checkbox"/> YES <input type="checkbox"/> NO |

| 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 |

| MEMBERSHIP FEE FOR NEW MEMBERS AND RENEWALS MUST ACCOMPANY THIS REGISTRATION FORM. | |
|---|---|
| <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> | |

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

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