

# SPRING CAMP

# Nature Adventures

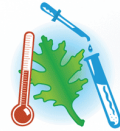
MARCH 12 - 16, 2012



MONDAY



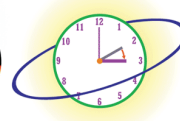
TUESDAY



WEDNESDAY



THURSDAY



FRIDAY

**REGISTRATION FORM** For this form to be processed, everything must be completed. Please print clearly. You can fax this form to 305-646-4300

### A. Camper Info

Camper's Last Name	First Name	Age
Birth Date	School Name	Grade
Home Address		
City	Zip	
Email Address		

### B. Parent(s) Info (Or person paying tuition)

Parent 1: Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	First Name
Parent 2: Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	First Name
Phone-Home	Phone-Work	
Emergency Contact	Phone	
Physician's Name	Phone	
Please list any medications and/or allergies.		

Please list any person(s) authorized to pick up your child from camp.

### C. Class Selections – Member: \$45 - Non-Member: \$55

	Camp	Before (\$5)	After (\$12)
March 12 - Just Add Water	\$ _____	\$ _____	\$ _____
March 13 - Insectigations	\$ _____	\$ _____	\$ _____
March 14 - Enviro-Chemistry	\$ _____	\$ _____	\$ _____
March 15 - Over the Rainbow	\$ _____	\$ _____	\$ _____
March 16 - Spring Forward	\$ _____	\$ _____	\$ _____
Full Week	\$ _____	\$ _____	\$ _____

(\$200 members /\$250 non-members)

### Total Camp Fees Enclosed

(Add totals from selections) \$ \_\_\_\_\_

Cash   
  Check # \_\_\_\_\_   
  VISA   
  AmerEx   
  MC

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

1. In case of any emergency, the Miami Museum of Science has permission to take my child to Mercy Hospital.
2. I understand photographs may be taken for marketing purposes. I give permission for my child's pictures to be used.
3. I understand that the Museum is not responsible for any personal items (i.e. clothing, games, electronic devices, cellphones or money) my child brings to camp.

Parent/Guardian Signature

Date