



Constituent #:
For Office Use Only

CSC SUMMER FUN 2017 REGISTRATION

Please use a separate form for EACH child. Photocopies are acceptable or download additional forms at www.CatawbaScience.org. Return the completed form with payment to: **Catawba Science Center, P.O. Box 2431, Hickory, NC 28603** or Fax to: **(828) 322-1585**.

Child's Name _____ M F DOB _____ Rising Grade _____

Parent / Guardian _____

Address _____ City State Zip _____

Phone: Primary# _____ Work Cell Home E-mail _____

Phone: Secondary# _____ Work Cell Home

Child's Shirt Size: (Circle one) YXS YS YM YL S M L XL

CSC Member?* Yes No • Expiration Date _____

*see Membership Application page D

Refund Policy: If cancellation occurs two weeks before class begins an admin fee of \$10 per class will be deducted from the refund. Refunds will not be given for cancellation occurring after the two week cancellation date. CSC reserves the right to cancel any class/program if the minimum enrollment is not met. If CSC cancels the class the entire payment will be refunded. Participants will be notified the Thursday of the week prior to the class.

Fill in the information below for all programs the child is being registered for.

Classes are on pg 6-10

		SciFun Class 10:00am - 12:00pm		Sunrise Science 7:30 - 10:00am	Afternoon Adventures 12:00 - 5:30pm			
Week	✓	Class Title	*SciFun Class Price	✓	**Sunrise Science Price	✓	**Afternoon Adventures Price	Total
Jun 12-16								
Jun 19-24								
Jun 26-30								
Jul 3, 5-7								
Jul 10-14								
Jul 17-21								
Jul 24-28								
Jul 31 - Aug 4								
Aug 7-11								
Aug 14-18								
Aug 21-25								

*SciFun Class Prices are listed with class descriptions, pp 6-10

**see Sunrise Science and Afternoon Adventure Pricing on page 1

***Payment plans available, see page C

plus \$5 late fee (if within 1 week of class):

7th class free (deduct \$80 member, \$105 non-member):

***TOTAL:





CSC SUMMER FUN 2017 • REQUIRED INFORMATION

CHILD'S NAME: _____ RISING GRADE: _____

EMERGENCY CONTACT AND PHONE IF PARENTS CANNOT BE REACHED:

(Name) (Primary Phone Number)

I hereby consent and authorize Catawba Science Center to use and reproduce any photographs of my child for promotional purposes or otherwise.

MEDICAL INFORMATION (completion required)

This form must be on file at CSC in order for your child to participate in the Afternoon Adventures program or class field trips.

Health / Accident Insurance: Employer _____

Insurance Co. _____ Policy Number _____

Name of Insured _____ Doctor _____ Phone _____

Currently on any medications? If so, please list and describe schedule for emergency administration. Include any asthma or allergy medications. If there are medications that must be administered by CSC staff, written directions must be sent.

Allergies or medical conditions _____

I, _____, do hereby authorize Catawba Science Center staff to act on my behalf in seeking any medical treatment or medicine for my son/daughter, _____, during the CSC Summer Fun program.
PARENT/GUARDIAN SIGNATURE _____ Date _____

AFTERNOON ADVENTURES AND FIELD TRIP RELEASE FORM

This form must be on file at CSC in order for your child to participate in the Afternoon Adventures program or class field trips.

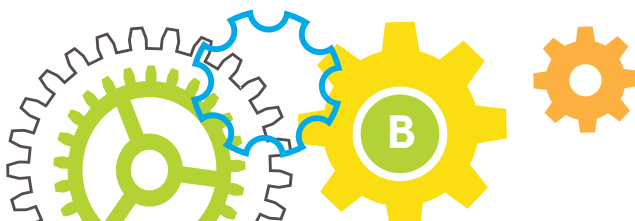
I give permission for my son/daughter, _____, to travel locally with Catawba Science Center to Afternoon Adventure destinations such as: Hickory Foundation YMCA, Patrick Beaver Library, local parks, Carolina Theater, AMF Bowling and to class field trip destinations such as: South Mountain State Park, and a local veterinarian's office.

My child requires a booster seat. NC State Law requires any child under age 8 who weighs less than 80 pounds to sit in a booster seat. Booster seats for 1st/2nd grade Afternoon Adventure participants will be provided by CSC.

PARENT/GUARDIAN SIGNATURE _____ Date _____

NOTE TO PARENTS:

Students will travel in CSC vans driven by adult staff. All groups will return to CSC no later than 4:30 p.m.
Most field trip participants will return no later than noon.





SUMMER FUN 2017 PAYMENT PLAN CONTRACT

Please choose the option which will work best with your schedule, check the corresponding box and sign this form signifying your agreement to our conditions.

Monthly Installments: Pay for your Summer Fun programs at the beginning of each month. After registering and paying for at least two weeks as down payment, the total for your monthly participation can be paid on the first Monday of each month: July 3rd and August 7th. (If you participate in all three weeks of camp during the month of June, the third week must be paid for by June 26th.)

Weekly Installments: After registering and paying for two weeks of camps, camps can be paid for in weekly increments at least two weeks prior to participation in the camp.

Any exceptions to the payment plan must be approved in advance, in writing, by the Director of Programs.

If payments are not kept current, your child (children) will not be permitted to participate in the Summer Fun programs until paid.

To simplify the payment process, we can automatically draft your credit card for the amount arranged for by your contract choice.

I agree to have my Summer Fun balance automatically drafted on my credit card on the chosen payment plan schedule. (see credit card information on pg. D)

By signing this contract, I agree to pay for Summer Fun programs in the indicated timely manner.

Signature _____

Date _____

CONNECT
WITH



www.facebook.com/catawbascience



<https://twitter.com/cscscience>



www.instagram.com/catawbasciencecenter

share

your

stories!





BECOME A MEMBER TODAY

And save up to \$55 per week!

___ New ___ Renewal ___ Gift

If gift, name of giver: _____

ANNUAL MEMBERSHIP LEVELS

___ Family, \$75

Two Designated Adults* and dependent children 18 and under.

___ Grandparent, \$75

Two designated adults* and dependent grandchildren 18 and under.

___ Teacher, \$10 off (check level & include ID copy)
Certified private/public K-12 teachers with current ID in North Carolina.

___ Corporate Upgrade \$20 (check level and include copy of corporate membership card)
*as named on application & CSC member card.

SUPPORTING MEMBERSHIP LEVELS

___ Presidents Circle, \$2,500 -\$4,999

___ Angel, \$1,000 -\$2,499

___ Stellar Society, \$500 -\$999

___ Benefactor, \$250 -\$499

___ Patron, \$100 -\$249

Adult Names: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

E-mail: _____

___ I would not like to receive CSC's member newsletter via email

Names & Birthdates of Children

Name _____ Birthday / /

Name _____ Birthday / /

(please attach additional names)

CHOOSE YOUR PAYMENT METHOD

Payment In Full

Total: (fill in amount from registration insert page A) \$ _____

Membership Fee: (if applicable) \$ _____

Grand Total: \$ _____

Payment Plan

Must sign payment plan contract on registration insert page C.

Down payment (Total of first two weeks, from pg A) \$ _____

Membership Fee: (if applicable) \$ _____

Grand Total: \$ _____

Financial Assistance

Application fee: \$25.00

Fee will be applied to registration upon acceptance or refunded if request cannot be accomodated. Application for financial assistance will be sent upon receipt of the application fee.

___ Check enclosed

(Make checks payable to: Catawba Science Center)

Charge my ___ Visa ___ MasterCard ___ Discover

Name on card _____

Card # _____

Expiration date _____

Signature _____

CVC # _____

For office use only*

