



Young Engineers of Today

Registration Fall Semester: September 3 – December 22, 2014

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

Child's name _____ M__F__ Birthdate (mo./day/yr.) _____ Grade _____

Parent/Guardian _____

Primary phone _____ Is this: Home Work Cell

Secondary phone _____ Is this: Home Work Cell

Address _____ City _____ State _____ Zip _____

E-mail: _____

CSC Member? Yes No Expires: _____ Membership must remain valid through December 31, 2014.

Other individuals allowed to pick up your child(ren): _____

Grade Level: 5th & 6th 7th & 8th High School

CSC Labs (every other Saturday) and Webinars (Mon. & Wed.), Total of 48 contact hours.

Cost per semester: CSC members \$472; non-members \$492. 10% sibling discount.

Virtual Class ONLY, choose lab time: Mon. & Wed at 7:00 p.m. Mon. & Wed at 10:00 p.m.

Cost per semester: CSC members \$348; non-members \$368. 10% sibling discount.

Amount: \$ _____

Payment Method:

- Check enclosed Please call for information
- Charge my: Visa MasterCard Discover American Express

Name on Card: _____ Card #: _____

Expiration Date: _____/_____/_____ Signature: _____

Refund policy: A refund minus an administration fee of \$5 will be issued if you cancel at least two weeks in advance. Cancellations made within two weeks of a class will not receive a refund. CSC reserves the right to cancel any programs in the event that minimum class enrollments are not met. If this occurs, your payment will be refunded fully.

Medical Information (Completion Required)

Emergency contact (if parent can't be reached) _____

Phone: Is this: Home Work Cell

Health/Accident Insurance: Employer _____ Ins. Co. _____ Policy # _____

Name of insured _____ Dr. _____ 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 _____ Medications _____

I, _____, do hereby authorize CSC staff to act on my behalf in seeking any medical treatment or medicine for my son/daughter, _____, during the 2014-15 Young Engineers of Tomorrow program.

Signature _____ Date _____