CSC Homeschool 2019-2020 Registration Form

High School Biology and Dissection Classes

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(s)/Guardian(s) ____________________________

Primary phone ___________________________ Is this: Home ___ Work ___ Cell ___

Secondary phone ___________________________ Is this: Home ___ Work ___ Cell ___

Address __________________________________ City ____________ State ___ Zip _______

E-mail ____________________________________

CSC Member? Y ___ N ___ (see pg. 3) Exp. Date ____________ Family membership must remain valid through May 31, 2020.

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

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

Class Selections: Biology. Please circle your choices.

Sept. 18 Oct. 16 Nov. 13 Dec. 18 Jan. 15
Feb. 12 March 18 April 15 May 13

Class Selections: Dissection series. Please circle your choices.

Sept. 18 Oct. 16 Nov. 13 Dec. 18 Jan. 15
Feb. 12 March 18 April 15 May 13

Check if able to switch into Tuesday classes ____Y ____N

Payment Method:

__ Check enclosed  __ Please call for information:

Charge my ___ Visa ___ Mastercard ___ Discover

Name on card __________________________

No. ____________________________ Security Code ____________

Exp. date ___/___/______ Signature ___________________

I would like to participate in CSC’s payment plan. If choosing payment plan, $40 per child and membership, if applicable, is due at time of registration.

Medical Information: (Completion required)

Emergency contact (if parent can’t be reached) __________________________________________

Primary Phone(s) ____________________________

Health/Accident Insurance: Employer ________________________ Insurance 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 2019-2020 homeschool program.

Signature ____________________________ Date __________________

$_______ Classes subtotal
$_______ Apply membership
$_______ Grand Total

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.

High School Biology Classes:
CSC Members: $20 per class
Non-members: $30 per class

Dissection Classes - Cost per year:
CSC Members: $160
Non-members: $250

Individual class prices listed on pg. 1