

# CSC Homeschool 2023-2024 Registration Form

## High School Chemistry Classes

Please use a separate form for EACH child registering.  
Photocopies are acceptable, or download additional forms  
at [www.CatawbaScience.org](http://www.CatawbaScience.org)

Return completed form with payment to: Catawba Science  
Center, PO Box 2431, Hickory, NC, 28603, email to  
[scheduling@catawbascience.org](mailto:scheduling@catawbascience.org), 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. 2 ) Exp. Date \_\_\_\_\_ *Family membership must remain valid through May 31, 2024.*

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:** *Chemistry, Please circle your choices.*

Sept. 13      Oct. 18      Nov. 15      Dec. 13      Jan. 17

Feb. 14      March 13      April 17      May 15

Check if able to switch to Tuesday classes \_\_\_ Y \_\_\_ N

**High School Chemistry Classes:**

CSC Members: \$22.50/class + tax

Non-members: \$32.50/class + tax

### 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 plan, we require a CC on file & payments will be auto-drafted on 12/14/2023 & 4/12/2024.** Down payment due at time of registration \$40 per child + membership renewed, if applicable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\$ _____	Classes subtotal
\$ _____	Tax (7%)
\$ _____	Membership Cost
\$ _____	<b>Grand Total</b>

*Refund policy: A refund minus an administration fee of \$7 will be issued if you cancel/change 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) \_\_\_\_\_

Primary Phone(s) \_\_\_\_\_

Health/Accident Insurance: Employer \_\_\_\_\_ Company \_\_\_\_\_ 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 2023-2024 homeschool program.

Signature \_\_\_\_\_ Date \_\_\_\_\_