

CSC Homeschool 2023-2024 Registration Form

Pre-K – 8th Grade 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, email to 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: Please circle Tuesday or Wednesday date

Sept. 12, 13 Oct. 17, 18 Nov. 14, 15 Dec. 12, 13 Jan. 16, 17
Feb. 13, 14 March 12, 13 April 16, 17 May 14, 15

Class Cost:

CSC Members: \$18.50/class (\$148.00/year) + tax
Non-members: \$28.50/class (\$228.00/year) + tax

___ Entire year option, Tuesday or Wednesday (please circle your day of choice)

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 a 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 _____

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.

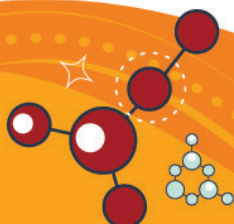
Allergies _____ Medications _____

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 _____

\$ _____	Classes subtotal
\$ _____	Tax (7%)
\$ _____	Fee subtotal
\$ _____	Membership Cost
\$ _____	Grand Total

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.



www.CatawbaScience.org

