

Camper's Name: _____
(for quick reference)

Transaction Code: _____
(for office staff)

AFSC SUMMER DAY CAMPS

AKRON
FOSSILS & SCIENCE CENTER®

REGISTRATION FORM

Mail to: Akron Fossils & Science Center 2080 S. Cleveland-Massillon Rd. Copley OH 44321
You may also **fax this form** to 330.666.9801

Camper's Name: _____
(Please fill out separate forms for each child)

Prefers to be called: _____ Boy Girl

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Other Phone: _____

Names of Parents living with child: _____

E-mail Address : _____

Date of Birth: ___/___/___ **Age (while attending camp):** ___

Grade in school this fall: _____

PLEASE SIGN

I, the undersigned parent/guardian of this minor child, give permission for this child to participate in one or more of Akron Fossils and Science Center's Summer Camps. I give permission for my child's picture to be taken to be used on the museum's website or in museum publications. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical treatment of my child by a licensed physician.

(Sign Here)

Date: _____

CAMP SESSIONS

Please circle the camp(s) and session(s) you choose:

Dinosaur Adventure Camp: June 12-16
Morning(\$95) or Afternoon Session (\$95) *Both (\$160)

Mad Science Camp: June 19-23
Morning(\$95) or Afternoon Session (\$95) *Both (\$160)

Space Camp: June 26-30
Morning(\$95) or Afternoon Session (\$95) *Both (\$160)

Creature Feature Camp: July 10-14
Morning(\$95) or Afternoon Session (\$95) *Both (\$160)

C.S.I. Camp: July 17-21
Morning(\$95) or Afternoon Session (\$95) *Both (\$160)

Dinosaur Adventure Camp: July 24-28
Morning(\$95) or Afternoon Session (\$95) *Both (\$160)

S.T.E.A.M. Camp: July 31-Aug 04
Morning(\$95) or Afternoon Session (\$95) *Both (\$160)

*Double Dose Discount



REMEMBER:
Registration closes 1 week prior to the start of each camp session.

- Camp session runs from 9a.m to 12:30p.m. and 1:30p.m. to 5p.m, Monday through Friday. If your child is signed up for both morning and afternoon sessions, **please be advised that no food will be provided for lunch.** Campers attending both sessions will need to bring their own packed lunch each day for lunch from 12:30p.m.—1:30p.m. During this break, the campers will be supervised.
- Before and After Play Care runs from 8-9a.m.and 5-6p.m. The cost is \$40 per week, per camper.

PAYMENT

- 1 session per week: \$95 (\$95 x ___ weeks= ___)
- 2 Sessions per week: \$160 (\$160 x ___ weeks= ___)
- Before/After Play Care: \$40 (\$40 x ___ weeks= ___)
- Family Discount for multiple campers registered: \$10 off per week per camper (-\$10 x ___ weeks= ___)

Total amount enclosed

A \$20 non-refundable fee is included in the registration price.

\$

Check here for payment plan option.

Please make checks payable to **Akron Fossils & Science Center.** Payments can also be made with Visa, MasterCard, or Discover by calling the Science Center at: 330.665.DINO (3466).



HEALTH AND PARENT'S CONSENT FORM

In case of an emergency, whom should we notify if we cannot reach you?

Name: _____ Relationship: _____

Emergency phone number (day time) _____

Allergies or other physical needs/limitations: _____

Payment Plan Option:
Payment 1: Date: _____
Amount Paid: _____
Staff Confirmation: _____

Payment Plan Option:
Payment 2: Date: _____
Amount Paid: _____
Staff Confirmation: _____

Payment Plan Option:
Payment 3: Date: _____
Amount Paid: _____
Staff Confirmation: _____

Payment Plan Option:
Payment 4: Date: _____
Amount Paid: _____
Staff Confirmation: _____