

Student's Name: _____
(for quick reference)

Transaction Code: _____
(for office staff)

SIMPLY SCIENCE

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

PARENTS PLEASE SIGN

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

Like 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 classes):** _____

Grade in School: _____

I, the undersigned parent/guardian of this minor child, give permission for this child to participate in Simply Science. I give permission for my child's picture to be taken to be used on the AFSC's website or in other publications. I hereby give permission for the adult bearer of this document, or a photocopy thereof, to give consent for emergency medical or surgical treatment of my child by a licensed physician, in the case of an emergency.

(Sign Here)

Date: _____



SESSIONS

Spring 2017:
Please Circle Your Selection(s):

Tuesdays, 9:30am–12pm: C.S.I. (K-8th)
Tuesdays, 1–3:30pm: Biology (6-12th)

Wednesdays, 9:30am–12pm: Physics (K-8th)
Wednesdays, 1pm–3:30pm: Botany (6-12th)

Thursdays, 9:30am–12pm: Geology (K-8th)
Thursdays, 1pm–3:30pm: Chemistry(6-12th)

Referrals, Personal Notes, or Discount Codes:



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

PAYMENT

Full payment is due with your registration form.

Elementary Level (K-5th Grade):

- One Class: \$12
- 13 Week Session: \$132

(Value! You receive two free classes when signing up for the full 13 week session.)

Junior High/Senior High Level (6-12th Grade):

- One Class: \$15
- 13 Week Session: \$165

(Value! You receive two free classes when signing up for the full 13 week session.)

A \$20 non-refundable cancellation fee is included with the registration price when signing up for a full session. Please make checks payable to Akron Fossils & Science Center.

- Check for %25 Sibling Discount . Discount only applies to full session payments.**



EMERGENCY CONTACT, HEATH CONCERNS, AND CONFIRMATIONS

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

Name: _____ **Relationship:** _____

Emergency phone number (day time) _____

Are there any allergies or other needs/limitations that we should know about?

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

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

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

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

Weekly Payment Confirmations:

1(\$ ___) 2(\$ ___) 3(\$ ___) 4(\$ ___) 5(\$ ___) 6(\$ ___) 7(\$ ___) 8(\$ ___) 9(\$ ___) 10(\$ ___) 11(\$ ___) 12(\$ ___) 13(\$ ___)