

Student's Name: \_\_\_\_\_  
(for quick reference)

Transaction Code: \_\_\_\_\_  
(for office staff)

# SIMPLY STUDIES

**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 children in different classes.)

**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 Studies. 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

**Fall 2017:**  
*Please Circle Your Selection(s):*

Tuesdays, 9:30am–12pm: Novel in a Year (6-8th and 9-12th)

Tuesdays, 1–3:30pm: America (1600-1865) (K-3rd and 4-8th)

Thursdays, 9:30am–12pm: Writing Foundations (6-8th and 9-12th)

**Personal Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**REMEMBER:**  
Registration closes 2 weeks prior to the start of each teaching session.

### PAYMENT

Full payment is due with your registration form.

- Novel in a Year: \$350.00
- America (1600-1865): \$195.00
- Writing Foundations: \$250.00

*A \$20 non-refundable cancellation fee is included with the registration price when signing up.*

*Please make checks payable to Akron Fossils & Science Center.*

Check box for payment plan option.

**Total amount enclosed**

\$ \_\_\_\_\_



### 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: \_\_\_\_\_