

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

Spring 2018:
Please Circle Your Selection(s):
Mondays, 1-3:30pm: Book Club Adventures:
Pilgrim's Progress (6-8th and 9-12th)

Tuesdays, 1-3:30pm: America (1865-1945)
(K-3rd and 4-8th)

Wednesdays, 9:30am-12pm: Drawing Lab
(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.

- Book Club Adventures: \$132.00
- America (1865-1945): \$195.00
- Drawing Lab: \$132.00

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, HEALTH 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: _____