

Preschool "In the Kitchen" 2012

Registration Form and Waiver

Classes are available on a first-come, first-served basis. Payment must be received by Explore More to secure a space in the class. If the class is full when payment is received, checks will be returned. We are only able to accept credit card payments in person at the museum. We regret that we cannot hold spots while waiting for a payment to arrive. You may complete the registration and waiver and drop off or mail it with check to:

Explore More Discovery Museum

P.O. BOX 957

Harrisonburg, VA 22803

In the event that minimum enrollments are not met, we reserve the right to cancel or reschedule classes. If this occurs, your entire fee will be refunded. There are no refunds for classes dropped less than 10 business days before class begins. A 50% refund will be issued if the museum is notified in writing at least 10 business days before class starts.

Parent/Guardian Name _____

Address _____

Email (museum use only): _____

Home Phone: _____ Cell Phone: _____

Child's Name _____ **Age:** _____ **Grade** _____

List any health concerns or Allergies: _____

Medications: _____

Alternate Emergency Contact (name and phone): _____

Family/Child's Doctor: _____

Family/Child's Dentist: _____

Check the classes your child will be attending:

It's Italian - Tuesday, February 14; 4:00 - 5:30 PM

Say Cheese - Tuesday, March 13; 4:00—5:30 PM

Farm Fresh - Tuesday, April 10; 4:00—5:30 PM

Classes

1 Class: Member \$10 x _____ = \$ _____

1 Class: Visitor \$12 x _____ = \$ _____

All Classes: Member \$27 x _____ = \$ _____

All Classes: Visitor \$33 x _____ = \$ _____

TOTAL ENCLOSED \$ _____

Explore More reserves the right to use photos taken during class for use in marketing. Please attach a written request if you do not wish to have Explore More use your child's photo. To my knowledge, my child has no health impairment that might interfere with his/her participation in a registered activity. Accordingly, with respect to such participation, I waive any and all claims for injury, loss or damage which might occur insofar as the premises in which the activities are held, and/or Explore More Discovery Museum and/or the staff, helpers, and invitees, may be found responsible. I authorize museum staff to seek emergency medical treatment if deemed necessary. I have read the preceding waiver and affixed my signature.

Parent/Guardian Signature: _____