

Little & Junior Scientist's Lab Registration Form

A separate form must be used for each participant.

All participants must be pre-registered

Confirmation letters will be e-mailed and mailed in 5-7 business days after registration is processed

Step 1

Participant Information

Participant First Name	Last Name	Age at time of Program	<input type="checkbox"/> M <input type="checkbox"/> F	Grade at time of Program
Parent/Legal Guardian First Name	Last Name			
Address	City	State	Zip Code	
Daytime Phone	Alternate Phone	E-mail		
Emergency Contact (do not list yourself)	Phone	Alternate Phone		

Step 2

Course Selection

Course Date _____	Little Scientist <input type="checkbox"/>	Junior Scientist <input type="checkbox"/>	10 AM <input type="checkbox"/>	1 PM <input type="checkbox"/>	Fee \$ _____
Course Date _____	Little Scientist <input type="checkbox"/>	Junior Scientist <input type="checkbox"/>	10 AM <input type="checkbox"/>	1 PM <input type="checkbox"/>	Fee \$ _____
Course Date _____	Little Scientist <input type="checkbox"/>	Junior Scientist <input type="checkbox"/>	10 AM <input type="checkbox"/>	1 PM <input type="checkbox"/>	Fee \$ _____
Course Date _____	Little Scientist <input type="checkbox"/>	Junior Scientist <input type="checkbox"/>	10 AM <input type="checkbox"/>	1 PM <input type="checkbox"/>	Fee \$ _____

Optional: For discounted registration, become a Member (\$65 Explorer; \$150 Discoverer; \$350 Adventurer; \$550 Pioneer) Fee \$ _____
 If purchasing or renewing a membership, please attach a separate check for membership payment.

(Current or Renewing Members: Please indicate your Member ID: _____ and Exp. Date _____)

***New members do not need to provide this information ***

(Payment must accompany form) TOTAL FEE \$ _____

Step 3

Health History

Please list health/medical conditions _____

Please list all allergies (including food) _____

Please list all medications the child is taking _____

The child is under a physician's care for the following condition _____

Step 4

Payment Information

(Payments by credit card must be attached with payment authorization form.)

- I have enclosed a check(s) payable to the California Science Center Foundation
- I have enclosed a Purchase Order. School Name: _____
 (Payments by purchase order must provide purchase order or registration will not be processed)

INTERNAL USE ONLY.

RES. #: _____

LAST 4: _____

CHK #: _____

Step 5

Participant Authorization

I have read and understand the cancellation and registration policies as stated. I hereby waive all claims against the California Science Center Foundation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in Little or Junior Scientist Lab Program. The California Science Center may photograph my child during programs and I hereby consent to use of these photographs in Science Center promotional material.

In case of an emergency, I authorize any licensed physician nurse or hospital to render such medical aid as may be deemed necessary and or desirable.

Parent/Guardian Signature _____ Date _____

Registration will not be processed without signature

Mail form to: California Science Center, EDUCATION PROGRAMS
 700 Exposition Park Drive, Los Angeles, CA 90037 or fax form to: (213)744-2052
 Business Hours: Monday- Friday 9am-5pm Closed on Weekends
Last Day to Register is 1 week prior to the Course

Credit Card Payment Authorization Form

Instructions:

1. Form must be faxed along with program registration form when paying via credit card
2. Fax completed form to: (213) 744-2052

Please charge my (check one):

Visa Master Card American Express Discover Total Amount: \$ _____

Name as it appears on card:

First: Last:

I authorize The California Science Center Foundation to charge my credit card (as provided below) for payment of their products and/or services. If The California Science Center Foundation is unable to process my payment I will be responsible for an alternate payment arrangement and my registration will not be processed until a new payment authorization is received.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: ____ - ____ - ____

~~*** All credit card information is kept secure and confidential. Once credit cards are processed credit card numbers are destroyed. ***~~

Credit Card #: Exp. Date (mm/yr): /