Science Discovery Registration Summer 2009

(Use this form for Fax, mail-in, drop-off, or phone)

For online reqistration: www.colorado.edu/sciencediscovery

Name (parent/guardian) _____
Please Print Clearly

Address _____
Street City Zip

Home Phone _____ Work Phone _____

Email _____ Cell Phone _____
Important for registration process

Name (person in class)	F/M	Age	Date of Birth	Class Code 1st Choice	Class Code Alternate 1	Class Code Alternate 2	Fee
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				

TOTAL FEE _____

☞ Credit Card No. _____ Payee's Name _____
If not parent or guardian

Exp. Date _____ ❑ Visa ❑ MC Signature _____

☞ Check # _____(Refunds by check will require a social security number)

Credit Cards and checks will be charged/cashed upon receipt.

Emergency Information

Must be included with all registrations

List allergies, medications and special needs (physical, emotional & behavioral)

Names of children_____ _____

_____ _____

Parent/Guardian Name(s) _____ Ph: Home_____ Work_____ Cell_____

_____ Ph: Home_____ Work_____ Cell_____

Alternate person to call _____ Ph: Home_____ Work_____ Cell_____

Doctor Name _____ Doctor Phone _____

In case of medical emergency, we will make every effort to contact parents/guardians and doctor.

As parent/guardian of the above child/children, I authorize CU Science Discovery to obtain emergency medical attention for my child/children, and I release CU Science Discovery from responsibility in connection with such emergency medical attention.

Parent/Guardian Signature _____ Date _____

* Please note:

Alternate class choices will be considered before a child is put on the waitlist for a "first choice" class that is full, unless otherwise noted in the space below.

CU Science Discovery is in compliance with the Payment Card Industry standards for protecting your credit card.

Support youth! Help send a child to camp.

Enclosed is my check in the amount of $_____ or please charge my Visa/MC account for the amount of $_____ for the Carol McLaren Schott Scholarship Fund. I understand that this donation is tax deductible and will support a young person who might not otherwise have the opportunity to experience a Science Discovery class or camp. Checks payable to CUF – Science Discovery.

For information
Call 303-492-7188
Fax 303-735-6443