

# Flutter-By Butterfly Habitat Garden Party Registration Form

Children come dressed in your finest garden party attire and enjoy an afternoon celebrating butterflies. The festivities will start out in the Moretz Board Room where children will enjoy games, crafts, party favors and refreshments. Children who attend this event will receive a special Flutter-By Butterfly hat. After the Catawba Science Center closes at 4 pm, party goers will enjoy a private tour of the Flutter-By Butterfly Habitat. CSC requires advance registration for this activity.

\_\_\_\_\_ Sunday, June 23, 2013 3 to 5 PM for 3 to 5 year old children and one chaperone  
 \$20 CSC Members / \$30 Non-Members  
 \_\_\_\_\_ Sunday, July 14, 2013 3 to 5 PM for 6 to 10 year old children.  
 \$15 CSC Members / \$ 25 Non-Members

Please use a separate form for EACH child. Visit [www.CatawbaScience.org](http://www.CatawbaScience.org) for event description.  
 Photocopies are acceptable. Return the completed form(s) **with payment\*** to:  
 Catawba Science Center, P.O. Box 2431, Hickory, NC 28603 or Fax to: (828) 322-1585.

Child's Name \_\_\_\_\_ M F DOB \_\_\_\_\_ Rising Grade \_\_\_\_\_  
 Parent / Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Name of child's school: \_\_\_\_\_ CSC Member? \*\*  Yes  No Expires: \_\_\_\_\_  
 Name(s) on Member Card: \_\_\_\_\_ Employer(s): \_\_\_\_\_  
 Payment Type: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 Credit Card Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

\*\*CSC membership must be valid at time of the event. Join/renew at CSC, online or by phone.

*Optional:* \_\_\_\_\_ I give permission for my child's name and photographs (still or moving) to be used for promotional purposes of Catawba Science Center.

## MEDICAL INFORMATION (completion required for 6 to 10 year old Garden Party)

Health / Accident Insurance: Employer \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Currently on any medications?** If so, please list and describe schedule for emergency administration. Include any asthma or allergy medications. If there are medications that must be administered by CSC staff, written directions must be sent. \_\_\_\_\_

\_\_\_\_\_ Allergies \_\_\_\_\_  
 Additional Information of which CSC Staff should be aware: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize Catawba Science Center staff to act on my behalf in seeking any medical treatment or medicine for my son/daughter, \_\_\_\_\_, during the *CSC Summer Fun* program.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

### PRIMARY EMERGENCY CONTACT AND PHONE:

\_\_\_\_\_  
 (Name) (Home) (Work) (Cell)

### SECONDARY EMERGENCY CONTACT AND PHONE:

\_\_\_\_\_  
 (Name) (Home) (Work) (Cell)

OTHER INDIVIDUAL(S) ALLOWED TO PICK UP MY CHILD: \_\_\_\_\_