Sign up now for Catawba Science Center's

2014 Summer Fun Science Camp

The MORNING SESSION runs Monday through Friday from 7:30 am until noon with a flexible arrival time between 7:30 and 10 am. Starting at 10 am, certified teachers and staff will lead structured, hands-on science classes developed for specific age groups and focused on the weekly theme.

Students in first grade to rising 9th can then continue on to AFTERNOON ADVENTURES* from Noon until 5:30 pm. Kids will enjoy swimming, field trips to local attractions, scavenger hunts, movies and science exploration.

Scholarships are available for qualified applicants. Payment options are available. Receive a free Morning Session for each camper after 6 Morning Sessions have been purchased (based on availability). Each Summer Fun camper will receive

WEEK	MORNING SESSION Pre-K 7:30 AM to NOON	MORNING SESSION RISING 1st thru 9th 7:30 AM to NOON	AFTERNOON ADVENTURES* Rising 1st thru 9th NOON to 5:30 PM Available only for Morning & HMA Participants	CLASS AND LATE FEES	TOTAL
	Member Price / Non-Member Price	Member Price / Non-Member Price	Member Price / Non-Member Price		
1 June 16 - 20	 \$75 / \$110	□ \$85 / □ \$120	□ \$75 / □ \$110		
2 June 23- 27	□ \$75 / □ \$110	□ \$85 / □ \$120	□ \$75 / □ \$110		
3 June 30 - July 3	□ \$65 / □ \$ 95	\$70 / \$100	□ \$60 / □ \$90		
4 July 7 - 11	□ \$75 / □ \$110	□ \$85 / □ \$120	□ \$75 / □ \$100		
5 July 14 - 18	□ \$75 / □ \$110	□ \$85 / □ \$120	□ \$75 / □ \$100		
6 July 21 - 25	□ \$75 / □ \$110	□ \$85 / □ \$120	□ \$75 / □ \$110		
7 July 28 - August 1	□ \$75 / □ \$110	□ \$85 / □ \$120	□ \$75 / □ \$110		
8 August 6 - 8	□ \$75 / □ \$110	□ \$85 / □ \$120	575 / \$110		
9 August 11- 15	□ \$75 / □ \$110	□ \$85 / □ \$120	□ \$75 / □ \$110		
10 August 18 - 22	575 / \$110	□ \$85 / □ \$120	 \$75 / \$110		
PAYMENT TYPE CHE	CK# CAL	L FOR PAYMENT INFORMATION		SUBTOTAL \$	
CREDIT CARD VISA	A M/C DISC	_ AMEX	Mebmbership Fed	e (If applicable) \$	
NIIMRER		FYP	·	GRAND TOTAL \$	
SIGNATURE:		LAI		ORAND IOIAL #	
	pgrade or l	_			
☐ Altruis	st, \$10,000+	Philanthropist, \$5,00 Stellar Society, \$50		sident's Circle, nefactor, \$250	

Catawba Scie Choose member level:	nce Center • Men	nbership Form
 □ Altruist, \$10,000+ □ Angel, \$1,000 - \$2,499 □ Patron, \$100 	 □ Philanthropist, \$5,000 - \$9,999 □ Stellar Society, \$500 - \$999 □ Family or Grandparent, \$70 * 	 □ President's Circle, \$2,500 - 4,999 □ Benefactor, \$250 - \$499 □ Corporate Upgrade, \$20 (Please include your corporate membership card)
Name(s) of designated adults:_ Address: (if different from registration inf		
Home# :		Cell#:
E-mail address Children's Names & Birthdays:	□ I w	vould like to receive CSC Member e-News

CSC Summer Fun 2014 Registration Form

Please use a separate form for EACH child. Visit www.CatawbaScience.org for additional forms.

Photocopies are acceptable. Return the completed form(s) with payment to:

Catawba Science Contar RO. Box 2431. History NC 28603 or Fay to: (828) 322 1585

Patron ID:

FOR OFFICE USE:

Catawba Science Center, P.O. B				\square PLAN \square NO AM
Child's Name	M	F DOB		Rising Grade
Parent / Guardian		Address		
City State _	Zip E-n	nail:		
Parent / Guardian State _ City State _ Phone: Primary #	Cell 🗆 Work 🗆 Home	Secondary #		Cell 🗆 Work 🗖 Home
Name of child's school:	CSC Me	mber?* □Yes □N	lo Expires:	
Child's Shirt Size:				
*CSC membership	must be valid throughout po	articipation in Summer Fu	un science ca	mp.
You can join/renew at	CSC, online, by phone or co	omplete the included me	mbership app	lication.
MEDICAL IN	IFORMATION	(completion	n requ	ired)
This form must be on f		· -	-	·
Health / Accident Insurance: Employer		Insurance Co		
Policy Number				
Name of Insured				
Currently on any medications? If allergy medications. If there are medicat				
Additional information of which CSC Sto				
I,, do he	reby authorize Catawba Scie	ence Center staff to act o	on my behalf i	n seeking any medical
treatment or medicine for my son/daugh	ter,	, , (during the CS	C Summer Fun program.
PARENT/GUARDIAN SIGNATURE				Date
PRIMARY EMERGENCY CONTACT AND PHONE:				
(Name)	(Home)	(We	ork)	(Cell)
SECONDARY EMERGENCY CONTACT AND PHONE	:			
(Name)	(Home)	(W	ork)	(Cell)
OTHER INDIVIDUAL(S) ALLOWED TO PICK UP MY CHILD: _		•	,	
Optional: I give permission for my characteristics Afternoon Ad	, , ,			
This form must in the <i>Af</i>	be on file at CSC in o ternoon Adventures p	rder for your child rogram or class fie	to particip eld trips.	pate
l give permission for my son/daughter, _		, to	travel locally	from Catawba Science
Center to Afternoon Adventure destinatio	ns such as: Hickory Foundati	on YMCA, Patrick Beave	er Library, loc	al Parks, Carolina Theater,
AMF Bowling and class field trips to MSG		,		
My child requires a booster seat. NC Booster seats for 1st/2nd grade After	. ,	0	han 80 pounds	to sit in a booster seat.
PARENT/GUARDIAN SIGNATURE _				_ Date

Note to parents: Students will travel in CSC vans driven by adult staff. All groups will return to CSC no later than 4:30 p.m.

Refund Policy If cancellation is made at least two weeks before class begins, an administrative fee of \$10 per class will be deducted from your refund. Refunds will not be

granted for cancellations within two weeks of the class start date. CSC reserves the right to cancel any programs in the event that minimum class enrollments are not reached. If this occurs, your entire payment will be refunded and you will be notified by Thursday of the week prior to class.