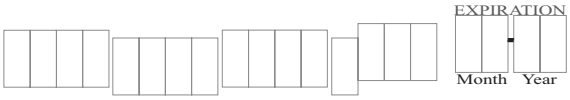
2008 Registration

Dates _____

_____

Tuition$_____ Check#_____ Cash_____

Credit Card....



Student /s_____

_____school_____

Parent /s_____

Email/s_____

Home Address_____

_____ zip_____

Phone # s_____

_____

If parent/s cannot be reached, call:

Name_____

Phone # s_____

Relationship_____

Doctor's Name & Phone: _____

_____

Waiver of Liability: I understand OSE / CSF is not responsible for accidents that may happen. We expect students to use common sense, have good health and behavior, follow directions and practice safety. In case of emergency I give permission for my child(ren) to get medical treatment. If behavior becomes a problem a student might no longer attend, and tuition can be lost. Dress for weather and location. Report medication. Mail this form with checks or call with a credit card. Spaces can be open on the event day - **call to confirm.** There is a 20% fee to change dates. The cancel policy is an 80% refund with 21+ days notice; and a 50% refund within 8-20 days; within a week there is no refund. Make checks to "OSE". **Pick up students before 4:15 pm.** Late pick up can cost $1 per minute.

_____ / /08

signature required

Outdoor Science Exploration /Classroom Science Fun
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