

WAQUOIT BAY SCIENCE SCHOOL REGISTRATION FORM-2009
(PLEASE PRINT CLEARLY & ONE REGISTRATION FORM PER CHILD)

STUDENT'S NAME _____ SEX: M F
BIRTHDATE: _____ GRADE ENTERING IN THE FALL 2009: _____
HAS YOUR CHILD ATTENDED PREVIOUSLY? N Y WHEN/YEAR _____

PLEASE CHECK THE SESSION YOU WOULD LIKE YOUR CHILD TO ATTEND.

Bayside Buddies Entering Grades 2-3

_____ July 6 - 10, 2009 8:45 - noon Fee \$100.00
_____ August 3 - 7, 2009 8:45 - noon Fee \$100.00

Estuary Adventurers Entering Grades 4-6

_____ July 13 - 17, 2009 8:45 - noon Fee \$100.00
_____ August 10 - 14, 2009 8:45 - noon Fee \$100.00

Power Rangers Entering Grades 4-6

_____ July 20 - 24, 2009 8:45 - NOON Fee \$100.00

Women in Science Entering Grades 7-9 GIRLS ONLY Fee \$140.00

_____ July 27 - July 31, 2009 8:45 - 2:00, Mon-Wed, Thurs 1:00pm - Friday noon
Session includes Thursday night camping trip to Washburn Island with meals.

Payment is required with this registration form.

Only paid registrations will be guaranteed a space. Confirmation of acceptance will be sent in the mail and additional information will be sent the beginning of summer including what to bring, wear, etc. If the session you have requested is full, we will notify you and give you the option of being placed in an alternate session or being placed on the waiting list. *Cancellation Policy:* Refunds, minus a \$25.00 administrative fee, will only be made if a child on the waiting list can fill your child's slot. If you have any questions, please call 508-457-0495.

ALL INFORMATION MUST BE COMPLETED.

Parents Name: _____

E-mail Address _____

Mailing Address: _____

City, State, ZIP _____

Phone Number: (H) _____ (W) _____

If your child will be staying at a different address from the one given above, please fill in below:

Name of person child will be with: _____

Address: _____

City, State, Zip: _____

Phone Number: (H) _____ (W) _____

If the person above can't be reached in case of an emergency, the Science School Staff can call:

_____ @ _____

Child's Doctor: _____ Phone

Number: _____

Is there anything about your child we should know? (Allergies, unusual fears, other health concerns)

In case of an emergency, if the Science School staff cannot reach the emergency guardian or me by phone, I hereby authorize the Science School staff to take emergency care of my child.

Parent Signature: _____ Date: _____

****IMPORTANT** Make checks payable to Citizens for the Protection of Waquoit Bay (CPWB)**

Mail to: C.P.W.B Science School
PO Box 3092
Waquoit, MA 02536