

Registration Form

Discovery Bunch, General Public & Home School Programs

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

<u>Participant's Name</u>	<u>Class Title(s)</u>	<u>Date(s)</u>	<u>Fees</u>

Member: Yes No Total Fee \$ _____

Make Checks Payable To: Town of Normal CDM
Mail Checks & Form To: Children's Discovery Museum
 Education Coordinator
 101 E. Beaufort St.
 Normal, IL 61761

Please let program instructor know if your child cannot be photographed for publicity purposes.
Please let Museum staff know if your child has any allergies we should be aware of.

For further information or questions, please contact the Education Department at (309) 433-3449.

 Office Use Only
 Date Received: _____ Amount Paid: _____ Check # _____ RecTrac: _____
 Databases: _____ Confirmation: _____