

WAQUOIT BAY SCIENCE SCHOOL REGISTRATION FORM-2010
(PLEASE PRINT CLEARLY & ONE REGISTRATION FORM PER CHILD)

STUDENT'S NAME _____ SEX: M F
BIRTHDATE: _____ GRADE ENTERING IN THE FALL 2010: _____
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 5 - 9 2010 Select 8:45 - noon | or 1:00PM - 4:15PM | Fee \$100.00 |
| _____ August 2 - 6, 2010 | 8:45 - noon (AM session only) | Fee \$100.00 |
| Estuary Adventurers | Entering Grades 4-6 | |
| _____ July 12- 16, 2010 | 8:45 - noon | Fee \$100.00 |
| _____ August 9 - 13, 2010 | 8:45 - noon | Fee \$100.00 |
| NEW - Eco-Kids Design Workshop | Entering Grades 5-7 | |
| _____ July 19 - 23, 2010 | 8:45 - noon (includes materials) | Fee \$150.00 |
| Women in Science | Entering Grades 7-8 <i>GIRLS ONLY</i> | Fee \$150.00 |
| _____ July 26- July 30, 2010 | 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: _____

I would like to support the activities of CPWB. Add \$10.00 for Annual CPWB membership ___ Yes ___ No

****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