the new children's museum

summer programs 2008

REGISTRATION FORM

PARENT INFORMATION *(please print in ink)*

Parent's name.....

Are you a Museum Member?

○ Yes ○ No

If yes, member number .....

ADDRESS

CITY STATE ZIP

DAYTIME PHONE HOME PHONE

E-MAIL

If you will be visiting San Diego, please provide a local address and telephone number.

LOCAL ADDRESS

LOCAL TELEPHONE

STUDENT INFORMATION

Student s Name	Grade *(as of Fall 2008)*	Class Title and Session	Class Dates	Camp Fee
			Total	

Total payment enclosed (if by check) or total to be billed to credit card.

PAYMENT METHOD

Check enclosed $.....

Make payable to The New Children's Museum.

Charge $ ..... to my credit card

○ Mastercard ○ Visa ○ American Express

CARD NUMBER EXPIRATION

SIGNATURE

BILLING ADDRESS

CITY STATE ZIP

DAYTIME PHONE

*Note: Please make checks payable to The New Children's Museum. We cannot hold your child's space until we have received payment. Mail your completed form to: Summer Camps, The New Children's Museum, 200 West Island Avenue, San Diego, California 92101.

*Please Remember: Age groupings will be strictly upheld. In order to maintain quality programs at current cost levels, registration fees cannot be refunded unless session is cancelled. Please select carefully. When we receive your registration form and payment, an enrollment confirmation will be mailed to you. If a program is full, you will be contacted for an alternate selection, or arrangements will be made to return your payment. Programs with insufficient enrollment will be cancelled one week prior to the scheduled start date. In this case, a full refund will be made, or you may choose another class, space permitting, from our summer offerings.

All classes are staffed by professional artists, a NCM staff mentor, and counselors. Enrollment is on a first-come, first-serve basis and is limited to 15 students per class.

Faxed Registration forms will not be processed without a credit card number. The New Children's Museum Fax number is 619 233 8796. *For further information, call 619 233 8792 x103.*

I have read and understand the terms and agreements.

PARENT SIGNATURE

The New Children's Museum
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San Diego, California 92101
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f 619 233 8796
programs@thinkplaycreate.org
thinkplaycreate.org