KidsWork Children's Museum

2019 Program Registration Form

Please Print

Date: _____

Guardian Name: _____
Last First

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

E-Mail Address: _____ Museum Member: Yes or No

Fees: Members: $ 105 Non-Members: $ 115 T-shirt: Free (1 t-shirt per camper is required)

Refund Policy: Summer Camp registrations are *NON-REFUNDABLE ; No MAKE-UP DAYS**

Participant Name	Program Number	Birth Date	Grade	Sex: M/F	Known Allergies	Fee
						$
						$
						$
						$
						$
					Total:	$

Completed registration forms may be:

Mailed or Dropped off at:
KidsWork Children's Museum
11 S. White Street
Frankfort, IL 60423

E-Mailed to: info@kidsworkchildrensmuseum.org

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If paying with a credit card, please provide the following information:

Name on card:_____ Expiration Date:_____ CVC Code:_____

Zip Code: _____Credit Card Number: _____$Charged: _____

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Attached hereto and incorporated herein, as if fully set forth, is a Consent, Release and Waiver of Liability form which registrant has read and acknowledges that they fully understand.

_____ _____
Guardian Signature Date