

In order to process your enrollment accurately, please complete a separate form for each student.

Discovery Center Member Name & ID

Any allergies or special needs?

Parent/Guardian Name	Phone # (During Camp Hours)	Email
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Address	City	State	Zip Code
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Emergency Contact Name	Phone # (During Camp Hours)	Relationship To Student
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In the event that I cannot drop off or pick up my student for camp, I authorize the following person(s) to do so. (Photo id required at pick up)

Pick Up Person Name	Relationship To Student	Pick-Up Person Name	Relationship To Student
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[illegible]

Campers receive ONE free tote bag

Total Include all fees			\$
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To qualify for Summer of Science camp scholarship, applicants must be able to provide ONE of the following documents:

- ☐ Free/Reduced Lunch: Qualification letter showing participant's first and last name from the student's school
- ☐ Letter on school letterhead signed by the school principal that states the student is on free/reduced lunch

To Apply:

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Complete this paper registration form

Indicate the **TOP 3** camp choices and leave the registration fee and payment information blank

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Attach eligibility document to this form

For questions about the verification process, contact Jennifer Collins at 417-862-8810 ext. 726 or jcollins@discoverycenter.org

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Submit registration form and eligibility document to Discovery Center

See back page for contact information

Due to limited availability, only one scholarship will be awarded per child and limited to two scholarships per family. All scholarships will be awarded on a first-come, first served basis. Scholarships will not be processed with missing information, including proof of eligibility. Acceptance/denial letters will be sent via email. Contact Jennifer Collins at 417-862-8810 ext. 726 or jjcollins@discoverycenter.org with scholarship questions.

Release & Payment Form

Photo and Video Release Form (optional) I give my permission for Discovery Center of Springfield to use photographs or videos of my child _____ for purposes of publicity or publications, both internally and externally through various media sources including but not limited to, newspaper, magazine, Internet and television.

Liability Release Form Release is made as of (date) _____ by the undersigned. I understand and appreciate that participation in the Summer of Science program involves potential, although highly unlikely, loss or damage to personal property and bodily injury.

In consideration of my being permitted, or my child being permitted to participate in the scheduled activity, I hereby release and hold harmless Discovery Center of Springfield as sponsor and activities provider, its commissioners, officers, trustees, employees, affiliates and agents (the "Released Parties") from any and all actions, damages, claims, or demands which I or my child(ren), our heirs, executors, administrators or assigns may have against the Released Parties for all bodily injuries, known misconduct or grossly negligent act, of any of the Released Parties.

I, the undersigned, have read this release and understand its terms. I realize this is a partial release of liability, and limits, to some extent, my own rights to sue in the event of any loss or injury, and I execute it voluntarily and with the full knowledge of its significance. I agree to follow, or cause to be followed, all directions of activity's leaders.

I, the undersigned, am the parent or legal guardian of the following named minor _____ and enter into the foregoing release on the minor's behalf.

Signature of Parent/Guardian

Date

NOTE: These are drop-off programs. Parents and siblings are welcome to visit the museum during class time, but the enrollee will be in the care of museum staff. Any children with on-going behavior problems that disrupt the learning environment will be excused from the class without refund.

Payment Method

☐ **Check** (Payable to Discovery Center of Springfield) ☐ **Credit Card** ☐ VISA ☐ Discover ☐ MasterCard ☐ American Express

Name (as it appears on card)

Card #

EXP. Date

Signature

NOTE: Full refunds will ONLY be given up to two weeks before the date of the program or if the program is canceled.

MEMBERSHIP DISCOUNT: DCS members are eligible for discounts! Join today to get an incredible discount on registration fees for summer.

Mail or FAX completed forms and payment to:
Discovery Center Summer of Science
438 E. St. Louis Street • Springfield, MO 65806
FAX: Summer of Science 417.862.6898

FOR OFFICE USE ONLY

Payment Type & Amount	Confirmation #
Recorded By	Date Recorded



Discovery Center of Springfield is an interactive, hands-on science museum committed to inspiring people of all ages with a life-long love of learning and an appreciation for the world and our place in it.

..... 438 E St Louis St . Springfield MO . 65806 • (417).862.9910 • DiscoveryCenter.org