

Registration Form for Wonder Why? Science Club



Parent's Last Name First Name

Address..... City State Zip

Home Phone Work Phone Cell

Emergency Contact Name Relationship to participant

(other than above)

Phone Your E-mail Address

Participant's name	age	DOB	M/F	Total Fee
.....	\$130 per student (includes facility fee of \$10)
.....	for 8 hour-long classes

Liability Release

The undersigned, in consideration of participation in the above class, agrees to indemnify and hold Rosemary Marks harmless, and release Rosemary Marks of any and all liability for any injury which may be suffered by the above named individual(s) registered in the class, arising out, or in any way connected with participation in this class except as arise out of the sole willful act or sole active negligence of Rosemary Marks. I, the undersigned parent/guardian signature acknowledges that participant(s) are being enrolled in an educational curriculum enrichment program, NOT licensed child care. I agree to allow the use of participant's photograph for program publicity. I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISK FOR INJURY RECEIVED. I further do hereby authorize Rosemary Marks as my agent for the above mentioned minor to consent to any medical diagnosis or treatment and hospital care rendered by and under the general supervision and advice of a physician or surgeon licensed under the Medicine Practice Act in case of accident or illness during the duration of the class. Are there any medical problems? Allergies etc:

.....

Signature..... Date

Check one: Parent Guardian request email confirmation

•Enclose: Signed registration form, payment and stamped, self-addressed envelope, or check box for email confirmation. Your receipt and class confirmation will be mailed to you. Please respond promptly. If the class is full your fee will be refunded and you will automatically be placed on a waiting list and be informed if a space becomes available.

•Payment Please make checks payable to Mrs Rosemary Marks. Attach check to this form and mail to Wonder Why Science, 1612 Koch Lane, San Jose CA 95125. All fees are payable in advance of the first class. A \$15 charge will be made for returned checks. A refund for absence is made on receipt of a doctor's note.

•Questions?

http://wonderwhyscience.com email: cep@wonderwhyscience.com Phone: (408) 979 0821

OFFICE USE ONLY

Date received Date processed

Check number and amount \$ Receipt number

Class 4th-8th Waiting List