

Scout Days Enrollment Request Form

A separate form must be used for each participant. All participants must be pre-enrolled.
Confirmation letters will be e-mailed and mailed within 5-7 business days after enrollment is processed.

Participant First Name	Last Name	Pack/Troop #	Birth Date (MM/DD/YY)	Age	<input type="checkbox"/> M <input type="checkbox"/> F
Parent/Legal Guardian First Name		Last Name			
Address		City	State	Zip Code	
Home Phone	Cell Phone	E-mail	Relationship		
Emergency Contact (do not list yourself)		Phone	Relationship to Student		

Course Selection: Please select the program date(s) and time your scout would like to attend.

Select Session(s)					Fee
Feb. 9, 2019	Bear Cubs Make it Move	Webelos Engineer	Daisies/Brownies Biology	Juniors/Cadettes Biology	\$ _____ \$35/Cub Scout \$40/ Girl Scout
	<input type="checkbox"/> Morning Session 9:30am – 12:00pm	<input type="checkbox"/> Morning Session 9:30am – 12:00pm	<input type="checkbox"/> Afternoon Session 1:00pm – 3:30pm	<input type="checkbox"/> Afternoon Session 1:00pm – 3:30pm	
Apr. 6, 2019	Bear Cubs Forensics	Webelos Adventures in Science	Daisies/Brownies Chemistry	Juniors/Cadettes Chemistry	\$ _____ \$35/Cub Scout \$40/ Girl Scout
	<input type="checkbox"/> Morning Session 9:30am – 12:00pm	<input type="checkbox"/> Morning Session 9:30am – 12:00pm	<input type="checkbox"/> Afternoon Session 1:00pm – 3:30pm	<input type="checkbox"/> Afternoon Session 1:00pm – 3:30pm	

Optional: For discounted rate on other educational programs, Become a Member (\$65 Explorer; \$150 Discoverer; \$350 Adventurer; \$550 Pioneer)
If purchasing or renewing a membership, please attach a separate check for membership payment.
(Renewing Members: Please indicate your Member ID: _____ and Exp. Date _____) Fee \$ _____
*****New members do not need to provide this information*****

(Payment must accompany form) TOTAL FEE \$ _____

Health History

The child is under a physician's care for the following conditions _____
Please list all allergies (including food) _____
Please list all medications the child is taking _____

Payment Information

Payments by credit card must have payment authorization form attached

Payments by check must be submitted by mail or in person

Enrollment forms will not be processed until payment is received

INTERNAL USE ONLY.
RES. #: _____
LAST 4: _____
CK #: _____

Participation Authorization

Cancellation/Change Policy: Program cancellations, refunds and changes are permitted up to 14 days prior to program date. All refunds and changes will be charged a \$5 processing fee per program. There are no refunds, credits, cancellations, or changes within 14 days prior to program date.

I have read and understand the cancellation and enrollment policies as stated. I hereby waive all claims against the California Science Center Foundation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in the Scout Day Program. The California Science Center Foundation may photograph my child during programs and I hereby consent to use of these photographs in Science Center promotional material. In case of an emergency, I authorize any licensed physician nurse or hospital to render such medical aid as may be deemed necessary and/or desirable.

Parent/Guardian/Contact Signature _____ Date _____
Enrollment will not be processed without signature



Fax form to: (213) 744-2052 or
Mail form to: California Science Center Foundation, EDUCATION PROGRAMS
700 Exposition Park Drive, Los Angeles, CA 90037
Business Hours: Monday- Friday 9am-5pm Closed on Weekends

Class sizes are limited. Enroll early to guarantee your space!

Credit Card Payment Authorization Form

Instructions:

1. Form must be faxed along with program registration form when paying via credit card
2. Fax completed form to: (213) 744-2052

Please charge my (check one):

Visa Master Card American Express Discover Total Amount: \$ _____

Name as it appears on card:

First: Last:

I authorize The California Science Center Foundation to charge my credit card (as provided below) for payment of their products and/or services. If The California Science Center Foundation is unable to process my payment I will be responsible for an alternate payment arrangement and my registration will not be processed until a new payment authorization is received.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: ____ - ____ - ____ Card Holder Phone Number: _____

***All credit card information is kept secure and confidential. Once credit cards are processed credit card numbers are destroyed.

Credit Card #: Exp. Date (mm/yr): /