

## Orpheum Children's Science Museum Enrichment Programs Registration Form

Use this form to register your child for Orpheum Children's Science Museum's enrichment programs. Registration is ongoing until classes are filled and forms are processed in the order in which they are received. The Orpheum Children's Science Museum reserves the right to cancel a program if there is insufficient enrollment. If we cancel a session all registration will be fully refunded. If you remove your child from a camp session before it begins, fees are non-refundable. In order to be fair, cancellation of camp registration must be received by the Orpheum Children's Science Museum two weeks before the camp is scheduled to begin.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Daytime School: \_\_\_\_\_ City: \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Parent/Guardian's work/cell \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Preferred email (optional): \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical information we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian's Signature required: \_\_\_\_\_

Date: \_\_\_\_\_

Class Name	Session/Time	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Registration Amount \_\_\_\_\_

Payment Method:     Master Card     Visa     Check (please do not mail in cash)

*Please complete the information below only for mail in payment by credit card.*

Credit card number: \_\_\_\_\_ expiration \_\_\_\_\_

security code: \_\_\_\_\_ Name on Card (please print): \_\_\_\_\_

\_\_\_\_\_

Please complete and mail to 346 N. Neil Street, Champaign, IL, 61820, or FAX to 217.352.8160  
Confirmations will be sent. We are unable to accept electronic registrations but will accept phone  
registrations, providing a parent or guardian signs the registration form on the first day of the  
class. Our phone number is 217.352.5895