

PER CLASS: \$60.00 MEMBERS \$65.00 NON MEMBERS

Please use one registration form per child. Please print clearly!

Parent Name _____ Day Phone (____) _____

Address _____ Cell Phone (____) _____

City _____ State _____ Zip _____

I certify that I am the parent or legal guardian of the child listed below.

Child's Name _____ Nickname _____

Birthdate ____/____/____ (Proof of age is required for all 3 year old & 4-K students who have not previously attended Summer Discovery class.)

Grade (Fall 08) _____

List all Special Needs; i.e. allergy, medication, accessibility, learning issues, etc.

<u>CHOICE/CLASS</u>	<u>WEEK</u>	<u>TIME</u>	<u>CLASS TITLE</u>
1 st Class	_____	AM / PM / 2-day	_____
2 nd Choice / Class	_____	AM / PM / 2-day	_____
3 rd Choice / Class	_____	AM / PM / 2-day	_____

Yes, I'm interested in waiting lists if the above are full.

Parent Email Address _____

(for Summer Discovery correspondence purposes only—help us save trees, time & postage!)

Yes, I'm also interested in receiving e-News & updates from the Zoo

Emergency Contact #2: _____ (Opt.) Contact #3: _____

Name _____ Name _____

Day Phone (____) _____ Day Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

Method of Payment:

Enclose a check made payable to: **John Ball Zoological Garden**

Mail to: JBZ Summer Discovery, 1300 W. Fulton, Grand Rapids, MI 49504

OR... Charge your **Visa** or **MasterCard** account:

Card type: Visa() MC() Credit Card # _____

Expires: ____/____ Card Holder's Phone # (____) _____

Print Name _____ Amount \$ _____

Signature _____

Check carefully...Processing of your registration may be delayed if it is incomplete!

PER CLASS: \$60.00 MEMBERS \$65.00 NON MEMBERS

Please use one registration form per child. Please print clearly!

Parent Name _____ Day Phone (____) _____

Address _____ Cell Phone (____) _____

City _____ State _____ Zip _____

I certify that I am the parent or legal guardian of the child listed below.

Child's Name _____ Nickname _____

Birthdate ____/____/____ (Proof of age is required for all 3 year old & 4-K students who have not previously attended Summer Discovery class.)

Grade (Fall 08) _____

List all Special Needs; i.e. allergy, medication, accessibility, learning issues, etc.

<u>CHOICE/CLASS</u>	<u>WEEK</u>	<u>TIME</u>	<u>CLASS TITLE</u>
1 st Class	_____	AM / PM / 2-day	_____
2 nd Choice / Class	_____	AM / PM / 2-day	_____
3 rd Choice / Class	_____	AM / PM / 2-day	_____

Yes, I'm interested in waiting lists if the above are full.

Parent Email Address _____

(for Summer Discovery correspondence purposes only—help us save trees, time & postage!)

Yes, I'm also interested in receiving e-News & updates from the Zoo

Emergency Contact #2: _____ (Opt.) Contact #3: _____

Name _____ Name _____

Day Phone (____) _____ Day Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

Method of Payment:

Enclose a check made payable to: **John Ball Zoological Garden**

Mail to: JBZ Summer Discovery, 1300 W. Fulton, Grand Rapids, MI 49504

OR... Charge your **Visa** or **MasterCard** account:

Card type: Visa() MC() Credit Card # _____

Expires: ____/____ Card Holder's Phone # (____) _____

Print Name _____ Amount \$ _____

Signature _____

Check carefully...Processing of your registration may be delayed if it is incomplete!