



# Summer Camps 2010 Student Registration

550 Cascade Mall Drive Burlington, WA (360) 757-8888 www.skagitchildrensmuseum.net info@skagitcm.org

### Parent/Guardian Information

Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone [1]: \_\_\_\_\_ Home Cell Work Phone [2]: \_\_\_\_\_ Home Cell Work  
 Adults authorized to pick up: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

### Child Information

[1] Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Class Code(s): [1] \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_  
 [2] Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Class Code(s): [1] \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_  
 [3] Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Class Code(s): [1] \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_

	Class Code	Summer Camp	Dates	Ages	Fee	# of Children	Total
Children's Museum Summer Camps 2010	LEGO1	Kids Legomotion Club--Session I	6/19,25&7/10,17	4-6	\$25.00		
	LEGO2	Kids Legomotion Club--Session II	7/24, 31&8/7,14	4-6	\$25.00		
	SPA 1	Spanish Language 101	6/21-24	5-9	\$65.00		
	SPA 2	Spanish Language 102	6/28-7/01	5-9	\$65.00		
	AOT 1	The Art of Theater [1]	6/28-7/2	4-6	\$65.00		
	AOT 2	The Art of Theater [2]	6/28-7/2	7-10	\$65.00		
	AOT 3	The Art of Theater [3]	7/5-9	4-6	\$65.00		
	AOT 4	The Art of Theater [4]	7/5-9	7-10	\$65.00		
	CART	Creative Art Through History	7/5-9	6-10	\$65.00		
	KAC	Kindermusik Adventure Camp	7/12-16; 19-23	Birth-7	\$80.00		
	KSSUA	Kindermusik Sign & Sing Unit A	7/12-16	6m-18m	\$80.00		
	KSSUB	Kindermusik Sign & Sing Unit B	7/19-23	18m-2	\$80.00		
	EXWC	Exploring Watercolors	7/26-28	6-10	\$50.00		
	OLM 1	Our Living Museum I	7/26-30	6-10	\$55.00		
	UKEG	Ukrainian Eggs	7/29	8 & up	\$30.00		
	GMA	Get Messy With Art	8/2-6	4-6	\$60.00		
	OLM 2	Our Living Museum II	8/9-13	6-10	\$55.00		
	DD	Digging Dinosaurs	8/9-11	3-5	\$35.00		
PTA	Planes, Trains & Automobiles	8/12-13	3-5	\$25.00			
PC	Pioneer Camp	8/23-24	5 & up	\$25.00			
TC	Toddler Class	8/25-27	1-3	\$25.00			

### 10% Member Discount

### Total

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization of Consent to Treatment of a Minor **must** be completed for each child registered.

Payment received on: \_\_\_\_\_ Payment Method: CA CK CR-V MC AM Staff: \_\_\_\_\_