

REGISTRATION FORM

DO NOT ENCLOSE YOUR PAYMENT. We will bill you and confirm your classes by email (if included) or mail.

Are you a museum member? Circle YES NO Expiration Date: _____

REMEMBER: Child must turn age of class on or before 6/1/06 unless otherwise noted.

Adult's Name _____ Day Phone _____ Home Phone _____ Cell Phone _____

Address _____ City/St/Zip _____ E-mail address _____

Student's Name	Age	Birth Date	Class Name	Section	Code #	Fee

Any participants with special needs, medications or allergies? _____

I would like to donate \$ _____ to the Family Museum's Scholarship Fund to help other children participate in classes. **THANK YOU!**

PARENTAL WAIVER FOR CHILDREN UNDER 18

I, _____ (parent/legal guardian) give permission for _____ (child/student) to participate in activities and trips as part of the class in which he/she is enrolled. I give permission for him/her to perform throughout the year at events and festivals as part of the opportunity to practice artistic skills learned at the Family Museum. I understand that parents are responsible for the safety of the child at these events as well as transportation to and from said events, and that the Family Museum does not provide supervision before/after any event. I release the Family Museum, its agents, employees, and volunteers, from any and all liability which may arise from participation or observation of said events or activities. I give permission for my child's likeness, voice, and/or work to be photographed, videotaped, or recorded during events, classes, or activities for use in publications, media, advertising, or annual reports of the City of Bettendorf, without compensation. I give permission for other parents to photograph my child as part of classes, events or activities. I understand that my signature on this form releases the Family Museum, the City of Bettendorf, its agents and employees from all liability at the above mentioned events, performances or activities.

THIS IS A RELEASE, PLEASE READ CAREFULLY BEFORE SIGNING! Parent/Guardian Signature: _____ Date: _____

I would prefer monthly billing--Comprehensive Early Childhood Classes ONLY

SEND COMPLETED FORM TO:
 Registration
 Family Museum
 2900 Learning Campus Drive
 Bettendorf, IA 52722

FOR CREDIT CARD USE Circle one: Mastercard Visa Discover

We will confirm classes by mail and charge classes.

Account Number _____ Exp. Date _____

Cardholder name (print) _____

Authorized Signature _____