

## Woolly Bears Registration Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Parent(s) / Guardian(s) \_\_\_\_\_ Age \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

### Health Information:

Does your child have a history of: Diabetes **Y / N** Asthma **Y / N**

Allergies to food/animals/plants \_\_\_\_\_

**I/We have read the objectives, registration and cancellation policies** \_\_\_\_\_ (initial)

**Fees:** \$12.50 Non-Members / \$10.50 Members (per pre-school age child)

- We are Dodge Nature Center members.  
 I am adding the family membership fee of \$50 to become a DNC member. \$ \_\_\_\_\_

**Please register my child for the following:**

Programs	Wed.	Thurs.	Sat.	
<b>Rain, Rain Go Away</b> <b>April 25, 26, 28</b>				
<b>Frog and Toad Together Again</b> <b>May 16, 17, 19</b>				
<b>Dandy Dandelions</b> <b>May 30, 31, June 2</b>				
<b>Farm Babies</b> <b>June 13, 14, 16</b>				
<b>Wiley Coyote</b> <b>June 27, 28, 30</b>				
<b>Rocks and Roll</b> <b>July 11, 12, 14</b>				
<b>Shoe Fly!</b> <b>August 8, 9, 11</b>				
<b>Total for Each Day</b>	\$	\$	\$	<b>Grand Total</b> \$

**No registrations are taken by phone. Please mail or fax form in. Thank you.**

### Payment Method:

- Check enclosed      Amount \$ \_\_\_\_\_  
 Visa / MasterCard # \_\_\_\_\_  
 3-Digit (on back of card) \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Signature \_\_\_\_\_

<b>For Office Use Only</b>
Rec'd _____
B _____
C _____
P _____
L _____



**Mail to:** Dodge Nature Center , 365 West Marie Avenue, West Saint Paul, MN 55118  
 or **Fax to:** 651-455-2575