

## Woolly Bears Registration Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s) / Guardian(s) \_\_\_\_\_ Age of Child \_\_\_\_\_

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:** \$14.00 Non-Members / \$12.00 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.	
Tracks and Scat	Jan. 9, 10, 12			
Ice	Jan. 30, 31, Feb. 2			
Bats	Feb. 13, 14, 16			
Deer/Moose	Feb. 27, 28, Mar. 1			
Maple Syrup	Mar. 12, 13, 15			
Turtles	Apr. 9, 10, 12			
Seeds and Beaks	Apr. 23, 24, 26			
<b>Total for Each Day</b>	\$	\$	\$	<b>Grand Total</b> \$

**Disclaimer: Program theme subject to change.**

**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

or **Drop it off** at the Office (address listed above)