

# DNS Program Registration Form (for use only if mailing or faxing registration)

Mail or fax to **Ashland Nature Center**, P.O. Box 700, Hockessin, DE 19707 Fax: 302-239-2473

**Person Filling Out Form:** \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

Program Title: \_\_\_\_\_ Program ID #: \_\_\_\_\_ Program Date: \_\_\_\_\_ Fee \$: \_\_\_\_\_

Program Title: \_\_\_\_\_ Program ID #: \_\_\_\_\_ Program Date: \_\_\_\_\_ Fee \$: \_\_\_\_\_

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

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*(Please Note: If you are registering a guest (non-family member), please provide the person's home address and phone/email contact information)*

**Medical & Emergency Information** (all information will be kept confidential): Please list any medications, allergies, physical disabilities or restrictions that the instructors should know about: \_\_\_\_\_

My child's physician's name and phone # is: \_\_\_\_\_

My child's medical insurance is; \_\_\_\_\_ policy #: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No: In case of an emergency, I give permission to have \_\_\_\_\_ (child/children)

receive first aid and be transported to the nearest hospital by professional, emergency personnel. I understand I will be financially responsible for all costs incurred.

\_\_\_\_ (parent/guardian) \_\_\_\_\_ (date signed)

## Not a Member? Join Us!

\_\_\_\_ College student \$30 \_\_\_\_ Senior citizen \$30 \_\_\_\_ Individual \$40 \_\_\_\_ Household \$55 \_\_\_\_ Household Plus \$85

\_\_\_\_ Sustaining \$125 \_\_\_\_ Supporting \$250 \_\_\_\_ Sponsor \$500 \_\_\_\_ Directors' Circle \$1000+

## Full Names of All Household Members:

Adult: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Adult: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Payment:** \_\_\_\_ CREDIT CARD \_\_\_\_ VISA \_\_\_\_ Mastercard \_\_\_\_ AMEX \_\_\_\_ Discover \_\_\_\_ CHECK (payable to Delaware Nature Society)

Program Fees: \$ \_\_\_\_\_, Membership Fee: \$ \_\_\_\_\_ **Total amount enclosed:** \$ \_\_\_\_\_

Credit card #: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ (mm/yy) \_\_\_\_ 3-digit Security Code (from back of the card)

Authorized Signature: \_\_\_\_\_