

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 • Abbott's Mill Nature Center, 15411 Abbott's Pond Road, Milford, DE 19963 Fax: 302-422-1849

Person Filling Out Form:

Home Phone: () _____ E-Mail: _____ City: _____ State: _____ Zip: _____
Street Address: _____

Registrant's Name: _____ Child's Birth Date: _____
Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____
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Registrant's Name: _____ Child's Birth Date: _____
Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____
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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 #: _____ (child/children)

Yes _____ No: In case of an emergency, I give permission to have _____

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 () _____

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Child: _____ Birth date: _____ Child: _____ Birth date: _____

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

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

Credit card #: _____ / _____ (mm/yy) _____ 3-digit Security Code (from back of the card)

Authorized Signature: _____