

YouZeum Spring Break Camp

Name of Child: _____

Child's Age: _____ Birthday: ___/___/___

Parent's Name: _____

Address: _____

Phone # during program hours: _____

Email address (for registration confirmation): _____

Any allergies we should be aware of? _____

Name of persons other than parent authorized to pick up child (**photo ID required**):

Any special circumstances we should be aware of? _____

Emergency contact name/phone #: _____



Choose your program:

- | | | | |
|--|---------------------|---------|------------------|
| <input type="checkbox"/> Hand Day | Monday, March 29 | 8am-4pm | \$25 per student |
| <input type="checkbox"/> Head Day | Tuesday, March 30 | 8am-4pm | \$25 per student |
| <input type="checkbox"/> Feet Day | Wednesday, March 31 | 8am-4pm | \$25 per student |
| <input type="checkbox"/> Uniquely You | Thursday, April 1 | 8am-4pm | \$25 per student |
| <input type="checkbox"/> The 5 Senses | Friday, April 2 | 8am-4pm | \$25 per student |

Or ONLY \$115 if you sign up for the entire week of Spring Break Camp.

Non-refundable payment due at time of registration.

Total fee enclosed: \$

Check, Visa or MasterCard accepted by mail.

Cash accepted if registering in person at the
YouZeum. I am paying via (circle):

Cash Check Visa MasterCard

Credit Card Information:

Name on card: _____

Card number: _____

Expiration date: _____

Signature: _____

Authorization: I hereby authorize the YouZeum to take steps to assure
the health of (my child) _____ in case of an
emergency. I also authorize the use of my child's name and/or
photograph for education and public purposes related to the YouZeum.

Parent or Adult Guardian Signature

Date

Mail to:

YouZeum Programming
PO Box 309
Columbia, MO 65205

**or fax with credit card
payment to: 573-874-1566**