

YouZeum Programming for days school is out

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"/> Doctor Day - Part 1 | Friday, March 12 | 8am-4pm | \$25 per student |
| <input type="checkbox"/> Chef Day - Part 1 | Friday, March 19 | 8am-4pm | \$25 per student |

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**