



Montana Natural History Center

www.MontanaNaturalist.org

(406) 327-0405

Invoice Number _____

After School Program Registration Form

Please fill out this form and send with payment to: MNHC, 120 Hickory Street, Missoula, MT 59801

Name of participants : _____

Name of parents)/ guardian: _____

Full Mailing Address: _____

Phone: h _____ w _____ cell _____

Please add me to your email list so I can hear about upcoming programs and events!

Email address _____

Please check one:

We are not members but we'll like to join today for \$50 and receive a discount on MNHC programs throughout the year!

We are not interested in becoming members at this time, thanks!

Name and Grade	Dates	After school program location	Fee (\$75 per student)
Family Membership + \$50			
Yes! My family would like to contribute to the After School Program Fund!			
TOTAL DUE			

Registrations are first-come, first-served and are only confirmed when a \$50 non-refundable deposit (per child and per after school program) is received with this registration . Space will not be guaranteed without the \$50 non-refundable deposit. To guarantee your space, the full payment of \$75.00 per child is due one week prior to the start of the after school program. A confirmation letter will be sent a week prior to the start of the after school program with an updated invoice for ease of payment. Contact Alyssa McLean at 406-327-0405 or amclean@montananaturalist.org with any questions.

Program fee (minus \$50 deposit) is refundable ONLY if a cancellation is made five (5) business days before the first day of the after school program (by 5:00 pm on the Tuesday prior to the start of the program.) No refunds will be issued for cancellations made after this deadline. Membership dues are not program fees and are non-refundable.

Total Due _____ Amount Enclosed: \$ _____ Check # _____ Visa__ MasterCard__ American Express__ Discover__
Name _____ Card # _____ Exp. Date _____

*For Office Use only: Date Rec'd _____ entered into database _____
receipt provided _____ where did you hear about this program _____*

Notes: _____



Montana Natural History Center

Your Base Camp for Discovery

120 Hickory Street
 Missoula, MT 59801
 406-327-0405
 www.MontanaNaturalist.org



Emergency Contact Information and Participation Waiver

I am enrolling (first and last names) _____
 in Montana Natural History Center program offering(s). Classes, programs, and workshops may involve outdoor activities and the use of potentially harmful equipment. I voluntarily elect to assume all risks of loss, damage, or injury that may be sustained by my daughter/son or myself or any property in the course of participation in this program.

I hereby knowingly, freely, and voluntarily release, indemnify, and hold harmless the Montana Natural History Center and any of its agents from liability, claims, demands, or courses of action arising out of any loss to me or, (in the case of child participants), my daughter/son due to or related to participation in programs or the use of equipment supplied to my daughter/son or myself in connection with the programs.

 Parent or guardian signature Date

 Print parent or guardian name Phone (h) (w)
 (C)

FIRST PERSON YOU WANT CONTACTED IN AN EMERGENCY:

1. _____ Relation: _____
 Phone: (h) _____ (w) _____ (cell) _____

2. Alternate person to call: _____
 Phone: (h) _____ (w) _____ (cell) _____

Doctor's Name: _____ Phone: _____

In case of a medical emergency, we will make every effort to contact parents/emergency contact person. However, do you give us permission to seek medical assistance if necessary?

KNOWN ALLERGIES, MEDICAL CONDITIONS, OR SPECIAL CONSIDERATIONS MNHC NEEDS TO BE AWARE OF (please attach additional notes if needed):

CHILD _____ NOTE _____

CHILD _____ NOTE _____

- For participants under age 18: May your child go on field trips? Yes___ No ___
- May we use photographs of your child in publicity materials? Yes___ No ___
- May we use your child's artwork for promotional use or display? Yes___ No ___