THE HEARD NATURE EDUCATION

Fall 2010 & Spring 2011

Home School Biology Lab Registration Form

- **Please use one registration form per participant. PLEASE PRINT.**
- If you are becoming a member or renewing your membership please fill out a separate membership form with separate payment.
- Cancellations made one week before the start of class (see dates below) are eligible for a 50% refund. Tuition is NON-REFUNDABLE after that date.
- **MAIL** completed registration, completed medical/liability release, and full payment to: Attn: Reservations, The Heard Museum, 1 Nature Place, McKinney, Texas 75069 **or FAX** with credit card payment to: 972-548-9119
- 10% sibling discount – Pay full price for 1st child and get 10% off for each additional sibling. Applies to class of equal or lesser value.
- Member rates are not applicable to Dallas Museum of Nature & Science Members.

All classes have minimum enrollment requirements. The Heard reserves the right to reschedule or cancel classes that do not meet these requirements.

CHILD'S NAME	MALE ☐	FEMALE ☐	BIRTHDATE	AGE	Grade Level
MOTHER'S NAME	FATHER'S NAME				
ADDRESS					
CITY	STATE	ZIP			
HOME PHONE	BUSINESS PHONE	EMAIL			

Please check the units you want. All classes are Thursdays 1-3:30pm
Class is geared to a 9th grade biology class but is open to middle school through 10th grade level students (ages 13-16 yrs old).

☐ **Environmental Studies**	**September 9, 16, 23 & 30** *50% Cancelation deadline September 2, 2010*
☐ **Cell Biology & Microscopes**	**October 14, 21, 28 & November 4** *50% Cancelation deadline October 7, 2010*
☐ **Classification & Dissection**	**January 20, 27, February 3 & 10** *50% Cancelation deadline January 13, 2010*
☐ **Genetics & Heredity**	**February 24, March 3, 21 & 31** *50% Cancelation deadline February 17, 2010*

☐ YES, I am a current Museum Member	PRIMARY MEMBERSHIP NAME	MEMBERSHIP EXPIRES

TUITION
Class Fee is per unit

☐ $95 Member X _____ = $_____
(# of Units) ***(Total)***

☐ $**115** Non-member X _____ =$ _____
(# of Units) ***(Total)***

CHECK #	VISA ☐	MASTERCARD ☐	AM EX ☐
NAME ON CARD			
CARD NUMBER			
EXPIRATION			

Please complete a **MEDICAL/LIABILITY RELEASE FORM** for each participant and include it with your registration**.**

PARENT/GUARDIAN SIGNATURE	DATE:

By my signature, I authorize The Heard Museum to photograph my child and I grant reasonable use of any image of my child for the Heard newsletter and promotion of classes/workshops.