



Registration Form for MOSI After School Program '09-'10

(Use a separate form for each child.)

MOSI offers three ways to register:

1. Drop-off at MOSI Box Office 9 a.m. to 6 p.m. daily
2. Fax to (813) 987-6060 (credit card payments only)
3. Mail to MOSI After School Program, 4801 E Fowler Ave, Tampa, FL 33617 (credit card and check payments only)

Child's Name: _____ **Preferred Name:** _____

Date Child will begin attendance in MOSI After School Program: _____

____ MOSI IDEA Technology After School Program OR ____ MOSI Explorers Science After School Program

DOB: _____ Sex: _____ School Name: _____

Address: _____ Apt. # _____ City: _____ Zip: _____

Custodial Parent: (circle one) Mother Father Joint

Mother's Name: _____ **Father's Name:** _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

Emergency Contact (other than parent): _____

Relationship to Child: _____ Day Phone: _____ Evening Phone: _____

Persons Authorized to Pick Up Child (identification required):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Registration Payment: (Please check one below)

____ Cash (At the MOSI Box Office Only) in the amount of \$65

____ Check (Payable to MOSI Foundation) # _____ in the amount of \$65

____ Visa / Master Card / American Express / Discover:

Account #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Payment Options	
<i>Choose one of the following plans:</i>	
_____	I will pay monthly by check or cash (5% discount)
_____	I will pay monthly by credit card (5% discount). Charge the card listed on the left on a monthly basis.
_____	I will pay weekly by the scheduled payment due date.

Office Use Only: Registrar's Initials: _____
Processing Date: _____

Alternate Nutrition Plan Agreement

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Indicate special dietary requirements: _____

Check one : _____ MOSI Provides PM Snack _____ Parent Provides PM Snack

Hillsborough County Ordinance requires that parents must receive a copy of "Know Your Child's Day Care Facility Brochure/FDCH Brochure," and the parents are notified in writing of the "Disciplinary Practices" used by the child-care facility. The parent's or legal guardian's signature certifies receipt of the child-care facility brochure/FDCH brochure, discipline policies, and agreement of the alternate nutrition plan.

Signature of Parent or Guardian

Date

Medical Information

Medical Alert Information (i.e., allergies, medical conditions): _____

List any additional information that would be beneficial for the child-care staff to know about your child: _____

Preferred Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

Authorization for Participation and Emergency Medical Treatment

If my child, _____, should become ill or injured at the MOSI After School Program,
Child's Full Name

I understand that MOSI will contact me immediately or contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the contact person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I grant permission for my child to participate in all activities in and around the Museum of Science & Industry as part of the After School Program as included in the program description. Further, I agree to assume all risks and liabilities associated with my child's participation in said programs and to hold the Museum of Science & Industry harmless from all claims which may arise as a result of such participation.

I will accept responsibility for payment of medical services rendered.

Signature

Relationship

Date

Photo Release for (Name of Child) _____

Participants in MOSI educational programs may be photographed or video taped by the media or by MOSI staff for promotional purposes. By signing this photo release you understand that there is a possibility that your child will be photographed or video taped while participating in a MOSI program.
