



# Saturday Science Program Registration Form

Grades 3 – 8, 9:00 am – 11:30 am every Saturday from July 24<sup>th</sup> – August 28<sup>th</sup>  
Visions for Education Resource Center, 5351 Park Heights Avenue.



- Do fun science activities and experiments
- Explore ecology, biology, chemistry, and math
- Use cool science equipment, including telescopes and microscopes
- Work with professional chemists and technology specialists
- Participate in "Do the Right Thing: Choices and Challenges" (character development activities based on the Parables of Jesus)
- Program cost: \$60 (payment plans available)

**REGISTER NOW! SPACE LIMITED! CALL 410-664-0907**

Child Name \_\_\_\_\_ Most Recently Completed Grade \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Child School \_\_\_\_\_

Dismissal:  My child may walk home from the resource center.  
 My child will be picked up from the resource center by \_\_\_\_\_.  
 (Staff may request ID. Late pickup fee is \$5 per 15 minutes or part thereof.)

If your child has food allergies, special needs, or medical concerns, please list below:

\_\_\_\_\_  
Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned understand that all Dayspring parents are required to attend a closing ceremony. Furthermore I, intending to be legally bound for myself and on behalf of my child, as well as, my heirs, and personal representatives do hereby indemnify, release and discharge Dayspring, Inc., its representatives, employees, contractors, volunteers, and successors and assigns (herein after called "Indemnities"), from any and all liability for injuries, death or damages and from any and all loss, claim, or injuries to my child or to my property, of any kind, arising in any way out of my child's participation in this program. My child has permission to walk home from the program facility, if so indicated by me on the registration form. I agree that I will defend, indemnify and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other proceeding arising in any way from participation by my child in the program. This indemnity, waiver release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. I hereby authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that Dayspring, Inc. provides no insurance protecting my child. If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT (Please attach check)

**Check** (Payable to Dayspring, Inc.)

**Cash** (We can accept exact payment only.)