

DNS Program Registration Form (for use only if mailing or faxing registration)

Mail or fax to **Ashland Nature Center**, P.O. Box 700, Hockessin, DE 19707 Fax: 302-239-2473

Person Completing Form: _____

Home Phone: (____) _____ E-Mail: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Registrant's Name: _____ Child's Birth Date: _____

Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____

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Registrant's Name: _____ Child's Birth Date: _____

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(Please Note: If you are registering a guest (non-family member), please provide the person's home address and phone/email contact information on a separate sheet)

Medical & Emergency Information (all information will be kept confidential): Please list any medications, allergies, physical disabilities or restrictions that the instructors should know about: _____

My child's physician's name and phone # is: _____

My child's medical insurance is: _____ policy #: _____

____ Yes ____ No: In case of an emergency, I give permission to have _____ (child/children)

receive first aid and be transported to the nearest hospital by professional, emergency personnel. I understand I will be financially responsible for all costs incurred.

_____(parent/guardian) _____ (date signed)

Not a Member? Join Us!

____ College student \$30 ____ Senior citizen \$30 ____ Individual \$40 ____ Household \$55 ____ Household Plus \$85

____ Protector \$150 ____ Patron \$500 ____ Guardian \$1000+

Full Names of All Household Members:

Adult: _____ Work Phone (____) _____ Cell Phone (____) _____

Adult: _____ Work Phone (____) _____ Cell Phone (____) _____

Child: _____ Birth date: _____ Child: _____ Birth date: _____

Child: _____ Birth date: _____ Child: _____ Birth date: _____

Payment: ____ VISA ____ Mastercard ____ AMEX ____ Discover ____ CHECK (payable to Delaware Nature Society)

Program Fees: \$ _____, Membership Fee: \$ _____ **Total amount enclosed:** \$ _____

Credit card #: _____ Expiration Date ____ / ____ (mm/yy) ____ 3-digit Security Code (from back of the card)

Authorized Signature: _____