

Emerald Coast Science Center  
31 Memorial Pkwy SW • Fort Walton Beach, FL 32548  
(850) 664-1261 .ecscience.org

## Education Program Registration Form

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Does your child(ren) have any allergies or medical conditions we should be aware of? \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_

Class: \_\_\_\_\_

Date(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Pick up list (if different from parent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you an EC Science Center Member? Yes\_\_\_\_ No\_\_\_\_ Member#\_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_ Sign me up for an EC Science Center Membership so I can take advantage of class discounts

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

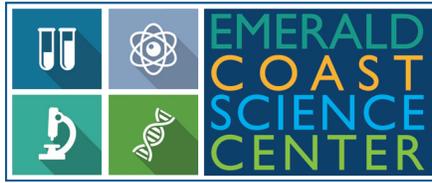
Fee Total: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Payment Method: Cash\_\_\_\_ Check\_\_\_\_ Visa\_\_\_\_ Mastercard\_\_\_\_

*No refunds given less than one week prior to class date.*

*The Emerald Coast Science Center reserves the right to make changes in the program.*





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**MEDIA RELEASE (Optional)**

**Please read and sign the following optional media release:**

The Emerald Coast Science Center may use photography and videos of me or my dependants for education, public relations and marketing purposes related to the Emerald Coast Science Center in all forms of media.

(Must be signed by a Parent/Guardian if under 18)

\_\_\_\_\_ Participant Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Printed Name (If different from Participant)