



Children's Museum of Oak Ridge

461 West Outer Drive

Oak Ridge, TN 37830

865-482-1074

<http://childrensmuseumofOakRidge.org>

Registration Form for Classes, Workshops, & Camps

Child's Name _____ Rising Grade Level _____ Age _____

Today's Date _____ Date of Class/Workshop/Camp _____

Name of Class/Workshop/Camp _____

Summer Camp? Yes No

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Museum Member? Yes No

Payment Option VISA MasterCard Cash Check # _____

Name on Credit Card _____

Total Fee \$ _____

Please list any food allergies your child has: _____

How did you find out about this camp? _____

May we send announcements of upcoming classes and events to your email account?

Yes No

Do we have your permission to photograph your child while in camp and to release that photo with your child's name for publicity purposes only?

Yes No

Signature _____