

Stories and Legends and Tales--Oh My!  
Summer Enrichment Program 2010

Registration Form

Fill out and mail/deliver to  
382 Cherry Street  
Macon, Georgia 31210

Or fill out and fax to  
478-755-8367



THE GEORGIA  
CHILDREN'S  
MUSEUM

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT CELL PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_

Please check the box below the week you'd like to attend

June 28-July 2, 8am-4pm

July 19-23, 8am-4pm

EMERGENCY CONTACT

Name	Relationship	Phone Number

FOR OFFICE USE ONLY

Session	Amount Due	Member	Amount Paid	Balance