



## School Vacation Workshops Registration Form Children ages 7-12

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

Name of Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Household email: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Child's School \_\_\_\_\_

Grade or grade equivalent in Fall 2017: \_\_\_\_\_ Sex (check one):  Male  Female

### Session dates April 10-14, 2017

Session A: 9:00-12:00		Session B: 1:00-4:00		<b>Please check appropriate box:</b>
<input type="checkbox"/> Session A, Member price \$20	<input type="checkbox"/> Session B, Member price \$20	<input type="checkbox"/> Session A, Regular price \$25	<input type="checkbox"/> Session B, Regular price \$25	

Please Circle the Day of the Week:

**Session A: M T W TH F**

Please Circle the Day of the Week:

**Session B: M T W TH F**

Extended hours until 5 p.m. (\$35 additional per child per week)

**Amount enclosed:** \_\_\_\_\_

*Make checks payable to the Noah Webster House.*

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send registration and payment to:  
The Noah Webster House, 227 South Main Street  
West Hartford, CT 06107  
Telephone: (860) 521-5362 / Fax: (860) 521-4036**

