



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 February 18 & 19, 2019

Session A: 9:00-12:00 Session B: 1:00-4:00 Please check appropriate box:	
<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

Please Circle the Day of the Week:

Session B: M T

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**

