

Program Registration Form

Please provide the information requested below. Return this **Registration Form** along with the completed **Health/Medical Form** to the address at the bottom of the page. Please feel free to contact us at (313) 593-5338 if you have any questions.

Child's Name _____

Date of birth _____

Grade (as of Fall 07) _____

Parent/Guardian

Names _____

Address _____

City _____ State _____ Zip _____

Phone # 1 _____ Phone # 2 _____

E-Mail Address _____

Employment information (optional for emergencies)

Work phone _____ E-mail _____

Other persons who may pick up your child from the program or be contacted in an emergency:

Name: _____

Phone: _____

Relationship: _____

Mail to:

Environmental Interpretive Center
University of Michigan-Dearborn
4901 Evergreen Road
Dearborn, MI 48128

For office use only

Amount paid _____

Payment type _____

Date of payment _____

Received by _____

Received materials _____