



Prehistoric Preschool Fall 2009 Registration Form



Register by mail or fax to:
New Mexico Museum of Natural History & Science, Prehistoric Preschool Program
1801 Mountain Rd NW, Albuquerque, NM 87104 Fax: (505) 841-2823

Student Information

First Child _____

Male Female Date of Birth ____ / ____ / ____

Second Child _____

Male Female Date of Birth ____ / ____ / ____

Session/s Registration

Check the session/s you would like.

- Paleontology 101 (August through October)
- Astronomy 101 (October through December)

Check your class session preference.

- Thursday 10 a.m.– Noon
- Friday 10 a.m.– Noon
- Saturday 10 a.m.– Noon
- Saturday 1 p.m.– 3 p.m.

Parent/Guardian Information

Name _____ Relationship _____

Phone: day _____ alternate _____

Name _____ Relationship _____

Phone: day _____ alternate _____

Mailing Address for Registration Confirmation

Name _____

Street _____ Apt. _____

City _____ State _____ Zip _____

You need to know...

Children must be accompanied by an adult. No more than two children may be registered per adult and no more than two adults may accompany any one child. Maximum class size is 15 children and their adults.

Children should wear clothes suited for movement activities and crafts.

Questions?

Please contact Early Childhood Education Coordinator, Heather MacCurdy at (505) 841-2848 or by email at preschool.NMMNHS@state.nm.us

Program Fees

Session 1: Paleontology 101

- \$80 first child and grown-up pair
- \$72 second child in family, same session

Session 1 Total \$ _____

Session 2: Astronomy 101

- \$80 first child and grown-up pair
- \$72 second child in family, same session

Session 2 Total \$ _____

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Total \$ _____

New Mexico Museum of Natural History Foundation Members receive a 10% discount on program fees.

Member Total \$ _____

All payments must be made in full at time of registration. Thank you for your payment.

Payment Information

NMMNH Foundation Member # _____ Exp date _____
(Membership questions? Contact Membership Services at (505) 841-2851)

Check # _____ (Make checks payable to: NMMNH Foundation)

Credit Card Payment MC Visa Am Ex Discover

Card # _____ Exp date _____

3 or 4 digit code _____ Signature _____

Billing Address for Credit Card Payment

Name on card _____

Street _____ Apt. _____

City _____ State _____ Zip _____

Registration Policy

Cancellations made prior to seven days before the session begins are subject to a 15% processing fee. Cancellations made within seven days before the session begins are subject to forfeiture of the full payment.

