



Roaring Brook Nature Center Discovery Days Program Registration Form

Please print out one page per child

Send registration with deposit/payment to:

**Roaring Brook Nature Center
70 Gracey Road, Canton, CT 06019**

Child's Name: _____ Grade in Sept: _____ Age _____

Class Name: _____ (Circle)
AM or PM
Class Dates _____

Class Name: _____ AM or PM
Class Dates _____

Class Name: _____ AM or PM
Class Dates _____

Class Name: _____ AM or PM
Class Dates _____

Parent's Name (please print) : _____

Parent's Signature: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Are you a member of RBNC/The Children's Museum? ____ Yes ____ No

Amount enclosed: _____