

HOMESCHOOL WORKSHOP REGISTRATION



TO REGISTER—PHONE 215.448.1286; FAX 215.448.1235.

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Day of Event Contact Phone Number _____

E-mail address _____ Member # (if applicable) _____

1st child's name _____ Age _____

2nd child's name _____ Age _____

Workshops are designed for children ages 7 - 14 only.

THEME

EYE HEART SCIENCE
DESIGN IT - TOYS
EARTH SCIENCE ROCKS
MYSTERIOUS MOLECULES

DATES

Thursday, February 9
Thursday, March 8
Thursday, April 19
Thursday, May 10

TIMES

10:30am-2:30pm
10:30am-2:30pm
10:30pm-2:30pm
10:30pm-2:30pm

ATTENDING

1st Child 2nd Child
1st Child 2nd Child
1st Child 2nd Child
1st Child 2nd Child

WORKSHOP FEES

PER SESSION:
3 SESSION SPECIAL!

MEMBER

\$55 per child
\$155 per child

NON-MEMBER

\$60 per child
\$170 per child

**Discounts available when multiple children attend.*

**Any class with fewer than 10 students registered will be cancelled and a full refund issued.*

PARENTS ATTENDANCE

The Franklin Institute offers you, and accompanying children under 7, to be a part of our Homeschool Days!

\$10 PER ATTENDEE PER WORKSHOP _____ **# OF ATTENDEES**
will give you, and accompanying children, access to permanent exhibits or to observe the workshop.

TOTAL FEES

# of Attendees	Fee	Item	MEMBER		NON-MEMBER	
			1 Child	2+ Child/Per Child	1 Child	2+ Child/Per Child
_____ x	\$ _____	1 day of Workshops	\$55	\$50	\$60	\$55
_____ x	\$ _____	2 days of Workshops	\$110	\$100	\$120	\$110
_____ x	\$ _____	3 days of Workshops	\$155	\$140	\$170	\$155
_____ x	\$ _____	4 days of Workshops	\$205	\$185	\$225	\$205
_____ x	\$ _____	Parents Attendance (per workshop)	\$10	\$10		
=	\$ _____	Total fees				

PAYMENT OPTIONS

Please make checks payable to The Franklin Institute. Mail To: The Franklin Institute, Attn: Reservations, 222 North 20th Street, Philadelphia, PA 19103.

Please Check One: VISA MC AMEX DISC

Amount charged _____ Credit card # _____ Expiration date _____

Name of cardholder _____ Signature of cardholder _____

**Please note: A \$15 fee will be assessed for returned checks.*