

BIOLOGY DISSECTION REGISTRATION FORM – SUMMER 2009

Child's Name _____ Grade _____ email _____

Parent's Name _____ email _____

Phone Number(s) _____ / _____
Home Cell

SCCHE Member? Yes ___ No ___

Has your child participated in any other Biology dissection classes? Yes ___ No ___

Has your child completed Biology this past year? Yes ___ No ___

Will your child be taking Biology next year? Yes ___ No ___

Please enroll my child in:

___ Basic Lab (\$55)

___ Advanced (Fetal Pig) Lab (\$45)

___ Both Basic and Advanced Labs (\$100)

___ I have enclosed my check (check number _____) for \$55 for the Basic Lab, \$45 for the Advanced Lab, or \$100 for both labs. Make checks payable to **Margaret Porch**.

Permission Slip: Please sign and include with registration.

I give my permission for my son/daughter _____ to participate in the SCCHE Biology Dissection Lab held at Grace Community Chapel in June of 2009. I acknowledge that my child will be using a surgical steel scalpel and other sharp instruments and will be exposed to preserving fluids used to preserve the animals that are to be dissected. I will not hold SCCHE, Grace Community Chapel, or the instructors liable for any injury sustained during this lab.

_____/_____/_____
Printed Name Signature Date

MEDICAL CONTACT INFORMATION

In case of emergency, please contact:

_____/_____/_____
Name Home Phone Cell phone

Secondary Contact:

_____/_____/_____
Name Home Phone Cell phone