

Science Kids Registration Form

Parent/Guardian Names _____

Student Name _____ Age _____ DOB _____

Last

First

MI

Current Grade for (8/1-5/31) **2nd 3rd 4th 5th 6th 7th 8th 9th**

Male

Female

CIRCLE CLASS DAY PREFERANCE

WEDNESDAYS

THURSDAYS

House #/ Street/ PO Box

City

County

State

Zip

Mailing
Address _____

Email _____

Home Phone—() - Cell Phone—() -