

St. Ignatius	Winter 19	0	Date of Birth	Grade Level	Child's Teacher	Cost
Child's Name:						
Home Address:	me Address:			City: Zi		ip:
Parent's Email (required for reg	gistration and class	commu	ınication):			
Health/Allergy Concerns:						
Phones (2 required): (H)		(C)		(W)		
Emergency Alternate Contact Name:				Phone:		
My child will: ( ) Be dismissed	without escort at the	ne door				
( ) Attend Day Care at the Sch Parent's name:		-				,
PAYMENT OPTIONS: ( ) Cher ( ) MasterCard ( ) Visa ( ) A	ck payable to Mad	Science	MAIL CHECK & F	ORM TO: Mad Scier	nce, 1808 Tribute Rd, Ste E, Sacra	amento, CA 95815
Name as it appears on the card:				Signature:		