

Class Held at: St. Ignatius W18 Date of Birth Grade Level Child's Teacher Cost Child's Name: City: Home Address: Zip: Parent's Email (required for registration and class communication): Health/Allergy Concerns: Phones (2 required): (H) (C) (W) Emergency Contact Name: Phone: My child will: () Be dismissed without escort at the door Please circle session(s) you will be attending: Fall16/ Winter17 / Spring17 () Attend Day Care at the School () Be signed out by: _____ Signature: ____ ____ Date: ___/__/___ Parent's name: PAYMENT OPTIONS: () Check payable to Mad Science MAIL CHECK & FORM TO: Mad Science, 1808 Tribute Rd, Ste E, Sacramento, CA 95815 () MasterCard () Visa () AmEx Zip Code: _____ Card #:____ Expires: __/ CVC Code: ____ ____ Signature: ___ Name as it appears on the card: _