



Mad Science of Sacramento Valley Generic Registration Form

Online registration is preferred and provides you immediate confirmation. However, you may use this form if you need to pay by check or just as an alternative to online processing.

**** For rapid processing, please fill out the form on screen and then print ****

Registration is first come – first served. If you are mailing your registration and/or payment, it must be received by Mad Science *before the class start date* to secure a spot. The earlier it arrives the better. This will prevent roster confusion and give us time to arrange for classroom capacity. If sending a payment, please put both your child's name and the school's name on the check, etc., so we can apply your payment properly.

School: _____ Section #: _____

Program Start Date: _____ Program End Date: _____

Child's Name: _____ M F Birth date: ____ / ____ / ____ Grade: ____

Teacher: _____ Health concerns or allergies: _____

If enrolling multiple children, enter the following information:

2nd Child's Name: _____ M F Birth date: ____ / ____ / ____ Grade: ____

Teacher: _____ Health concerns or allergies: _____

3rd Child's Name: _____ M F Birth date: ____ / ____ / ____ Grade: ____

Teacher: _____ Health concerns or allergies: _____

Parent/Guardian: _____ Email: _____

Home Phone: (____) _____ – _____ **Required:** Work or Cell Phone: (____) _____ – _____ ext _____

Address: _____ City: _____ ZIP: _____

I hereby give my child permission to remain after school for the Mad Science class. (Please mark one)

My child will be picked up after class by (names): _____

My child will attend after-school day care at the school

My child will be traveling home by his/her own means

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Person paying tuition (*if other than Parent/Guardian*): Name: _____

Address: _____ City: _____ ZIP: _____

Email: _____ Phone : (____) _____ – _____

Payment Method (Please mark one):

Credit/Debit Number _____ Expires _____

Visa MC Name on card _____

Address (if different from above) _____

Signature _____

Check (make payable to Mad Science of Sacramento Valley)

PayPal (Visa, MC, AE, Discover, Debit) (For PayPal include the date paid: _____)

Mad Science Certificate (must mail this with your registration form)

Voucher or Purchase Order (for home school students) (may send this when it is available)

Please mail this form and payment to Mad Science of Sacramento Valley, 1808 Tribute Rd, Suite E, Sacramento, CA 95815. You may fax or scan/photo and send the form if you are *NOT* paying with a check or Mad Science Certificate. Fax: 866-846-3563 Email: asp@madsciencesacto.com

Mad Science Office Phone: 916-779-0390 Web Address: www.MadScience.Org/Sacramento