

To register for a Mad Science After-School Program with a paper form, please:

1. Print out this form and fill it out in its entirety
2. Enclose the necessary payment or payment information
3. **Return the form and payment info to the PO Box at the bottom of the page.** Alternatively, if paying by credit card, you may scan the filled-out form and email it as a .pdf to mail@madsciencewne.com or fax it to 413-585-9477

**PLEASE DO NOT SEND REGISTRATIONS OR PAYMENT TO YOUR CHILD’S SCHOOL.
IF YOU DO SO, YOUR CHILD WILL NOT BE REGISTERED.**

Please note that certain classes fill up quickly. Online and mailed registrations are taken first come, first served. If you have any questions, please email us at mail@madscience.org or call 413-584-7243 or 800-338-5711 (CT only). To view the classes we’re offering this session or to register online, visit <http://register.madscience.org>

Child’s Name: _____ Sex: _____ Birthdate: ____/____/____
 School: _____ Grade: _____ Teacher: _____
 Location of Mad Science Program (if different than school): _____ Day: _____ Time: _____
 Parent(s): _____ Phone (H): _____ Phone (W): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent Email: _____ Parent Signature: _____

My child will be picked up by: _____ Phone (C): _____

My child will walk My child will attend after school care

I am interested in being a Parent Volunteer. (Parent Volunteers receive a gift certificate for a future Mad Science program; you will be called if you are needed.)

EMERGENCY CONTACT (other than adults above):

_____ Phone: _____

Please list any health concerns:

Payment:

Credit Card:

MC/VISA _____ - _____ - _____ Exp: _____ Name: _____

I would like to: Pay the full amount Make four payments (12-week programs only. Each payment includes \$2 surcharge.)

Check:

Payable to: MAD SCIENCE **Return to: P.O. Box 1265, Northampton, MA 01061** Total Enclosed: _____