



After School/Camp Registration Form:

Program Location: _____ Season: (Circle one) Fall, Late Fall, Winter, Spring

Parents Name: _____

Email: _____ (required)

Password For Online Account (at least 6 Characters): _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Emergency Contact- Name and Phone(s): _____

Phone 1: _____ Phone 2: _____

Would you like to receive Mad Science Email newsletters in regards to our programs?
Yes / No

Parent's Address, City, and Zipcode: _____

Child's Name: _____ Date of Birth: ____ / ____ / ____

Grade: _____ Teacher's name: _____

Health Concerns or Special Needs:

My child will be picked up after class by: (Include all names of pick up people)

My child will attend after-school day care at the school. Only applicable if the school has an aftercare program that the child is enrolled in.

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

PAYMENT OPTIONS: Mail Check, Pay with Credit card (Master Card, Visa or Discover Only!)

Program Cost: _____ See Schedule for cost. *All programs have different cost.*

Check Make checks payable to: **Mad Science of Maine**

Credit Card: Visa Master Card Discover

#: _____

Expiration: ____ / ____ Security Code (3 digits on back of card): ____

Name as it Appears on the Card: _____

*You may print and mail in or deliver this form to the following address:
Mad Science of Maine, 105 Main St., South Portland, ME 04106*