

STEM-Night-Out Registration Form

Student Information

Student's Name _____

Student's Address _____

Name of School _____

Grade _____ Age _____ Birthdate _____

Does your child have any allergies? _____ No _____ Yes If yes, please explain _____

Parent Information

Parent/Guardian _____ Cell Phone _____

E-Mail Address _____

Parent/Guardian _____ Cell Phone _____

E-Mail Address _____

Emergency Contact

Emergency Person _____ Phone _____

Check the session(s) your child will attend.

Chemistry is Cool
Friday, June 9 _____

Physics is Fun
Friday, July 7 _____

Biology is Brainy
Friday, July 28 _____

Payment Information

The fee for each session is **\$30.00 per participant**. Please include the fee along with a separate application for each child and mail to: **Deanna Cauthen, 3455 Pinehill Drive, Decatur, Georgia 30032**. You may also pay via PayPal and use the email address dzstories@yahoo.com to send payment. Indicate 'STEM Night Out' in reference line of your check or PayPal payment.

For Office Use Only

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Registration fee paid \$ _____

Date Rc'vd _____