



Science Discovery

University of Colorado at Boulder

Registration for After-school Classes

Name (parent or guardian) _____
PLEASE PRINT

Address _____

Home Phone _____ STREET _____ Work Phone _____ CITY _____ Email _____ ZIP _____

Name (person in class)	Fe/Male	Age	Date of Birth	Class Code	Fee	Location
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credit Card No. _____



Exp. Date _____ o Visa o MC

Check # _____ (NOTE: Refunds by check will require a social security number)



Emergency Information

Must be included with all registrations

List allergies and special needs (physical, emotional and behavioral)

Names of children _____

Parent/Guardian Name(s) _____

Ph: Home _____ Wk/Cell. _____

Alternate person to call _____

Ph: Home _____ Wk/Cell. _____

Doctor Name _____

Ph: Home _____ Wk/Cell _____

Doctor's Phone _____

In case of medical emergency, we will make every effort to contact parents. If contact is not possible, do you give your permission to seek medical assistance?
o Yes o No

Parent/Guardian Signature _____ Date _____

By FAX

- 303-735-6443

By Phone – Visa or MasterCard

- Call Science Discovery, 303-492-7188.
- Mail in completed forms.

Online

- www.colorado.edu/sciencediscovery

By Mail

- Registration form must be accompanied by payment.

• MAKE CHECKS PAYABLE AND MAIL TO:

Science Discovery
University of Colorado
446 UCB
Boulder, CO 80309-0446

Support youth! Help send a child to camp.

Enclosed is my check in the amount of \$_____ or
please charge my Visa/MC account for the amount of
\$_____ for The Carol McLaren Scholarship
Fund. I understand that this donation is tax deductible
and will support a young person who might not
otherwise have the opportunity to experience a Science
Discovery class or camp. Checks payable to CU
Science Discovery.

Thank you!