



Summer Camp Registration Form

Parent/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: _____

SIGN ME UP TO RECIEVE A MAD SCIENCE MONTHLY NEWSLETTER!!!

Child's Name: _____

Date of Birth: _____ Grade in Fall: _____

Health Concerns: _____ Child's School: _____

Who will pick up camper? _____ Phone Number: _____

Relationship: _____

Camp Location				
Dates				
Topic				
Camp Cost <i>(includes supply fee of \$40, 1st-6th & \$20, Preschool)</i>				
Early Discount? -\$10 <i>(● apply if registered on or before 5/31/12)</i>				
Multi-Week Discount? -\$10 <i>(apply for each additional camp week registration)</i>	X			
AM or PM Care? Mark applicable <i>(minimum 3 children per camp to run)</i>	<input type="checkbox"/> AM Care (\$60) <input type="checkbox"/> PM Care (\$60) <input type="checkbox"/> Both (\$100)	<input type="checkbox"/> AM Care (\$60) <input type="checkbox"/> PM Care (\$60) <input type="checkbox"/> Both (\$100)	<input type="checkbox"/> AM Care (\$60) <input type="checkbox"/> PM Care (\$60) <input type="checkbox"/> Both (\$100)	<input type="checkbox"/> AM Care (\$60) <input type="checkbox"/> PM Care (\$60) <input type="checkbox"/> Both (\$100)
Camp Total				

Include check with registration form. If choosing to pay by credit card (V / MC / DISCOVER only), please fill out the following:

Lunch (\$5/day) optional

Grand Total

CC Number: _____ 3 Digit Code: _____ Exp: _____

Name on Card: _____

Billing address (if different): _____

Billing Phone (if different): _____

Return this form with check or CC information by **MAIL** to: 6300 Westpark, Ste 500, Houston, TX 77057 or **FAX** (with CC information) to: 713-663-7664. Register **ONLINE** at www.madscience.org/houston. You will receive an email no later than the FRIDAY before the camp starts to confirm registration and to receive room number, drop-off information, etc.