

# SCIENCE-2-U REGISTRATION FORM 2017-2018

Please send registration form to:

**E-mail:** Jill@science2u.com, **Fax:** 562-630-6987, **Mail:** 4067 Hardwick St. PMB 415, Lakewood, CA. 90712  
(1 student per Registration Form)

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(please leave a phone number that you can be reached at during classtime)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class(es) you are registering for? \_\_\_\_\_ Location \_\_\_\_\_ Class time? \_\_\_\_\_

(Ex. EIE-Monrovia 10-11)

Choose PAYMENT OPTION:  Cash  Check  Money Order  PayPal \*(credit cards accepted)  CHARTER Student\*

LA/OC Students: Please send a completed registration form with a non-refundable \$50 deposit to SCIENCE-2-U-NORTH (\*not required of Charter Students) The deposit will be applied to the cost of the class. Any remaining balance is due by the first day of class.

\* Payment received in advance of the class will hold your student's spot in the class.

\* Charter school students must have approval for classes *one week* in advance. We cannot admit you into the class until your charter has informed us that you have a current Purchase order.

## IN CASE OF EMERGENCY:

I, \_\_\_\_\_, give consent and/or authorize medical treatment for my child \_\_\_\_\_  
(Parent Name) (Student Name)

in the case of an emergency.

- I have read and agree to the terms of the [Photo Likeness Agreement: \(online\)](#)
- I have read and agree to the terms of the [Safety Class Waiver: \(online\)](#)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_