

# **"e" inc.'s After School Science Program Fall 2015 Registration Form**

Thank you for choosing "e" inc.'s After School Science Program for your child. We are excited to have you with us and we appreciate your interest in fostering a love of science and the natural world.

## **Child**

Full Name: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age as of Sep 2015 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To register more than one child, please provide the name, gender and birth date of each additional child:

\_\_\_\_\_  
\_\_\_\_\_

## **Parent/Guardian 1**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

## **Parent/Guardian 2**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

## **Emergency Contact (other than parents)**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other than the adults listed above, I authorize "e" inc. to release my child to the following persons only:**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

**Please list any dietary restrictions, allergies and/or health conditions:**

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### After School Session Schedule

Dates	# of Children	Fee (Total Children x \$220)
Wednesdays (Grades 1-3)		
	<b>TOTAL FEE</b>	

To submit completed forms:

- Scan and email to [info@einc-action.org](mailto:info@einc-action.org), or
- Mail to our office  
"e" inc.  
114 16<sup>th</sup> Street  
Room 1030  
Boston, MA 02129

Registrations are processed in the order they are received. Once processed, you will receive an email confirmation of your child's session.

### Payment

- Payment can be made through the PayPal link on the "e" inc. website, or
- Via check
  - Please make all checks out to "e" inc.
  - Include child's name on check
  - Full payment is required to hold your child's spot

### Refund and Cancellation Policy

Refunds are not made for dismissal, failure to attend, absences or sick days. If fewer than 12 children register, we cannot cover the cost of programming and will have to cancel. If this occurs, all registered families will receive a full refund.

I have read and understand the refund and cancellation policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

