



Science Night Out Registration Form

Science Night Out Date Requested: _____ *

Child's name: _____ *

Grade level: _____

School: _____

Contact Information for the evening registered:

Parent's Name: _____

Address: _____

E-mail address (for registration confirmation):

_____ *

Home Phone: _____

Cell Phone: _____

Alternative/Emergency Contact:

Name: _____ Phone : _____ *

I give permission for my child, _____ to be photographed during Science Night out Activities at Fernbank Science Center. Photographs may be used by Fernbank Science Center in publications and or electronic communications for DeKalb County Schools and the general public.

_____ *

Parent Signature

* required information