Fernbank Science Center
Science Night Out Registration Form

Please print or duplicate this brief form (a separate one for each child, please) and include a check payable to "Fernbank Science Center LINKS" in the amount of $20 per child.

Date of Science Night Out Program (Please circle a date below):

January 19  February 23  April 13  May 11

Child’s Name: __________________________________________________________

Grade Level: ______________  School: ________________________________

Parent’s Name: _________________________________________________________

Additional Contact Information (for evening of event):

E-mail address (for confirmation of registration): __________________________

Home Phone: ______________  Cell Phone: __________________________

Amount Included: __________  Zip Code of Child’s residence: ______________

I give permission for my child, ____________________________________, to be photographed during Science Night Out Activities at Fernbank Science Center. Photographs may be used by Fernbank to promote its educational programs and activities.

__________________________________________
Parent Signature