

Registration Form for Science Workshops  
(Fill this form with your child, not by yourself)

I wish to enroll my \_\_\_\_\_ year old son/daughter in five weekly Science Workshops.

Student's name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

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

FAX #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Student is in \_\_\_\_\_ grade and attends \_\_\_\_\_ school  
located at \_\_\_\_\_

I want my child to attend Science Workshops to: (check all that apply)

- \_\_\_\_\_ become versatile
- \_\_\_\_\_ improve Science and math
- \_\_\_\_\_ improve general outlook on life
- \_\_\_\_\_ gain confidence
- \_\_\_\_\_ develop his or her potential
- \_\_\_\_\_ understand and become part of the world we live in
- \_\_\_\_\_ increase knowledge
- \_\_\_\_\_ develop a sense of discernment
- \_\_\_\_\_ make decisions via knowledge and not mere hearsay

As a parent or guardian, I will be responsible for bringing and picking up my child from workshop site OR will make appropriate safe arrangements for his or her transportation.

I will encourage (not pry) my child to share his or her workshop experiences with me which I will actively listen and participate in thereby letting him or her become my teacher.

The fee for the workshops, \$150.00 (\$30.00 per workshop) is enclosed. Make payment by check, Visa or Master Card. Mail payment to:

Center for General and Applied Education and mail with the completed Registration form to:  
Center for General and Applied Education, 729 S. Western Avenue, Chicago Illinois USA 60612.

Parent or guardian's name: \_\_\_\_\_ SS# \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent or guardian's signatures: \_\_\_\_\_ Date: \_\_\_\_\_

To pay by Visa/MC:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signatures: \_\_\_\_\_

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

Save-A-Human Project. Send this to Your Friends In Chicago

Thanks

R. Haque, Ph.D

University of Illinois Chicago

312-996-7476