



**Science Discovery for Girls  
Enrollment Form**

Child's Name \_\_\_\_\_ Gender: Female

Grade: Please Circle      5<sup>th</sup>      6<sup>th</sup>      7<sup>th</sup>      8<sup>th</sup>

Parent's Name \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Does the child have any medical needs we must be aware of: Yes No

If yes, please explain.

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Does the child have asthma? Yes No

Does the child use an inhaler? Yes No

\_\_\_\_\_ I will send the child with the inhaler.

Does the child need an EpiPen? Yes No

\_\_\_\_\_ I will send the child with an EpiPen.

I give permission for the following adult to pick up my child in case of emergency: \_\_\_\_\_

This adult can be reached at the following phone number:

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_