

SFA Secret Agent Lab Tuesdays

Child's

Name: _____ Teacher/Grade: _____

Address: _____ City, State, Zip: _____

Email: _____ Would you like to receive our newsletter **Yes or No**

Parent/Guardian Name: _____ Cell or Work Phone _____

Emergency Contact : _____ Phone _____

My Child will be picked up after class by : _____

My child will attend the school's extended care after class () Yes () No

Mail completed form and check made to Mad Science of the Mid South. Cost \$110

1425 N. Germantown Pkwy. Suite 5
Cordova, TN 38016

Space is limited and they fill up quickly. Call the Mad Science Office at 213-3555 for any questions.
