



the laboratory.

registration form



please complete all information

name: _____ birthday: _____

parents names: _____ cell #: _____

parents location during lab: _____ home #: _____

email address: _____

home address: _____

city/state: _____ zip: _____

allergies: _____

school: _____ grade: _____

brothers/sisters in lab: _____



multiple kid families:

name: _____ birthday: _____

allergies: _____

school: _____ grade: _____

name: _____ birthday: _____

allergies: _____

school: _____ grade: _____

name: _____ birthday: _____

allergies: _____

school: _____ grade: _____