

# RMMSMSP/SD Registration Form



University of Colorado  
**SCIENCE  
DISCOVERY**

Rocky Mountain Middle  
School Math & Science  
Partnership (RMMSMSP)

CU Science Discovery

For class/registration  
information:  
Call 303.492.0995  
Fax 303.735.6443  
Email w.coon@colorado.edu

Mail Registrations to:  
William Coon  
CU Science Discovery  
446 UCB  
Boulder, CO 80309

Parent/ Guardian Name \_\_\_\_\_

Please Print Clearly

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Email is important for registration process

Student Name School District F/M Grade Date of Birth Science Discovery Class\*

## Emergency Information

Must be included with all registrations

List allergies, medications and special needs (physical, emotional & behavioral)

Name of child \_\_\_\_\_

Alternate Class: \_\_\_\_\_

\*please provide your child with sack lunch for all-day classes

Alternate Parent/Guardian Name(s) \_\_\_\_\_ Ph: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Ph: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Alternate emergency contact \_\_\_\_\_ Ph: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_

In case of medical emergency, we will make every effort to contact parents/guardians and doctor.

As parent/guardian of the above children, I authorize CU Science Discovery to obtain emergency medical attention for my child/children, and I release CU Science Discovery from responsibility in connection with such emergency medical attention.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Recommendation: I, \_\_\_\_\_ recommend \_\_\_\_\_ (student name) for the RMMSMSP/SD Summer Science Classes.

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_