

# MUSEUM OF SCIENCE AND INDUSTRY

## After School Science Minors Clubs Registration Form

Name of Organization: \_\_\_\_\_

Name of Science Club Site Facilitator: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Organization Website: \_\_\_\_\_

Name of Site Director/School Principal: \_\_\_\_\_

Name(s) of Additional Facilitators (if applicable): \_\_\_\_\_

Please indicate the types of services this organization provides.

Check all that applies based on organization priority, if appropriate.

- |  |  |
|--|--|
| <input type="checkbox"/> Arts & Cultural                         | <input type="checkbox"/> Children and Youth Services           |
| <input type="checkbox"/> Education, Children, and Adult Literacy | <input type="checkbox"/> Sports and Recreation                 |
| <input type="checkbox"/> Health Programs                         | <input type="checkbox"/> Family Services                       |
| <input type="checkbox"/> Human Service-multipurpose              | <input type="checkbox"/> Community Development and Improvement |

In percentages, please estimate your organization/school's demographic information.

African-American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Multiracial \_\_\_\_\_

Approximately how many youth does your organization/school serve overall? \_\_\_\_\_

Circle how many times per week your Science Club will meet?

Once a week                      Twice a week                      Three or more times a week

Indicate which day(s) your Science Club will meet?

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

List what time your club will meet: \_\_\_\_\_

About how many youth do you plan on serving each Science Club session? \_\_\_\_\_

What is the age ranges of the youth you plan on serving in your Science Club?

5-7                      8-10                      10-12                      12-14                      15-up

Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

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

Please send the registration form to: Angelina Mendoza, Senior Education Coordinator,  
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Fax #: 773.753.6205 Phone #: 773-947-3102 E-mail: Angelina.mendoza@msichicago.org