

Cosmic Explorers

@ Henize Observatory, Harper College
grades 3-6 "Tycho"



Enrollment Form

Student Name: _____

Grade: _____

School: _____

I give permission for my child, _____, to participate in the Cosmic Explorer Program at Harper Community College. I understand that my child must be supervised while participating in the program, and that Henize Observatory staff will not provide such supervision.

Parent Name: _____

Parent Signature: _____

Parent Email: _____
to communicate program information

Date: ____/____/____

Return to: joe.kabbes@HarperAstronomy.org or:

Joe Kabbes
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Harper College
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Palatine, IL 60067