

# S.T.E.M

## Harry Potter Science

### All Saints Catholic Academy

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

HomeAddress \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

I will enclose a check.

I prefer to pay by credit card

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

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**Harry Potter Science**  
**All Saints Catholic Academy**

**\$145**

Class Dates:

10 Sessions: 1/18, 1/25, 2/1, 2/8, 2/15, 2/22, 3/1, 3/8, 3/15, 3/22

Class Levels: K-2, 3-6

**Please do not return form to school office for registration!**

**Mail To:** The Whole Child Learning Co., 31 W. 60<sup>th</sup> St., Downers Grove, IL 60516  
Questions, call Alana 630-743-8082