



NON – PUBLIC SCHOOL CLASSROOM EXTENSION REGISTRATION FORM



Please provide the information requested below and retain a copy for your records.

Balance should be paid in full prior to your visit.

Visit www.nyccsse.org for detailed program information. registration@nyccsse.org or 212.608.7071 (fax)

Please complete one form for each visiting class

220 Henry St., NY, NY 10002 | 212.608.6164 (phone) | 212.608.7071 (fax) www.nyccsse.org | info@nyccsse.org

Classroom Extension Information (Visit www.nyccsse.org for detailed program information)

First choice for visit date:

Second choice for visit date:

Desired Class Extension (Circle one class extension, one length of program, and one or both time slots)

Destination: Robot City

Half Day, Option A

Morning (9AM – Noon)

Destination: Free Falls

Half Day, Option B

Afternoon (Noon – 3PM)

Destination: Liftoff Landing

Full Day

Destination: Stratosphere

Destination: Sun Borough

Would you like to add a pizza lunch (\$50 per 25 students)?

Yes

No

Teacher Information (for the teacher who is organizing the trip)

Teacher's Name:

Teacher's Phone Number:

Teacher's E-mail Address:

Class Information

Grade(s)

of Students (max 36):

of Adults (minimum of 1 for every 12 students):

Please list any special needs (e.g. wheelchair, extreme food allergy) your students may have:

Mode of transport to NYCCSSE:

Bus

Subway

Walking

Content Area / Course Title:

Marketing Information

Have you participated in a NYCCSSE program before?

Yes

No

If yes, which program?

How did you find out about this program?

How do you prefer we contact you regarding your registration? (Circle One)

Phone

Email

School Information

School Name:

School Address:

School Phone Number:

School Fax Number:

Principal's Name:

Payment can be made by Check or Money Order, to "NYC Department of Education" and with "Center for Space Science Education" in the memo.

Please return both the Registration Form and Registration Contract prior to your visit.