

# 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](mailto:joe.kabbes@HarperAstronomy.org) or:

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