This Class is open for children children as well as adults that would like to learn some basic pottery skills. Each student will have 2-3 completed ceramic pieces at the end of the course. Sessions are one day a week for six weeks and are held in the Leonardo’s Children’s Museum Education Annex. Each week, students will receive a healthy snack before class with a qualified and state certified educator. For more information call 580-233-2787.

Jan. 22nd, 29th, Feb 5th, 12th, 19th, 26th
3:30-5:30pm

$72.00 for members
$80.00 for non members

Includes one session per week & healthy snack.

Must have a minimum of 5 Pre-enrolled student to start class.

Enrollment Form

Child’s Name:_______________________________________________
DOB:_______________________

School:_________________________________________ Grade: _________________________________

Parent/Legal Guardian Name: ___________________________________________________________

Address:_________________________________ City:______________ State_________ Zip:__________

Phone #:______________________________________ Work #:_________________________________

Email Address:____________________________________________________________________________

Allergies/Special Needs:___________________________________________________________________

The Program Release Form (on the back of this page) is complete?   YES   NO

Scholarships available with demonstrated need.   10% Multi Child Discount
Valid for all Leonardo’s programs from 09/1/2019 – 5/31/2020

Child’s Name ___________________________ Date of Birth ______________________

Name(s) of Custodial Parent(s) ______________________________________________________

Address ______________________ City, State, Zip ________________________________

Home Phone __________________ work/cell phone __________________ email __________________

Emergency contact/daytime phone _________________________________________________

Special needs/food allergies _____________________________________________________

Child’s Physician’s name/phone _________________________________________________

Release Form:
In case of a medical emergency and I cannot be reached, I being the parent, legal guardian or person authorized to execute this release for the child named above hereby authorize a Leonardo’s Children’s Museum staff person to contact my family physician and to transport my child to the nearest hospital or to call for an ambulance immediately as the need requires.

I Do/Do not (Circle One) Consent that any videos or photographs made of my child during their programs or classes may be used in future publications. All photos and video shall be the property of Leonardo’s Discovery Warehouse and may be used free of any claim.

**Standard of Behavior:** I understand that my child will be expected to honor Leonardo’s behavior rules and show respect for all other program participants. If not, I understand that disciplinary action could be taken, including, but not limited to, dismissal from the program, without any fees refunded. **NO CELL PHONES OR FLIP FLOPS ALLOWED AT CAMP.**

**Picture I.D. required** to pick up students from all programs. **Students must be signed in and out each visit.** In addition to the person signed below, my child may be released to the following people:

1 ________________________________

2 ________________________________

3 ________________________________

______________________________ ________________________
Signature of Custodial Parent/Guardian Date __________________