



**Fashion  
and Design  
Institute**  
AT LEONARDO'S CHILDREN'S MUSEUM

JWL Fashion and Design Institute @ Leonardo's is a new class for youth from third through eighth grade interested in fashion and beginning sewing. Sessions are one day a week for eight 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 museum educator. For more information call 580-233-2787.

**Thursdays 3:30pm to 5:30pm**

**Jan 10, 17, 24, 31 Feb 7, 14, 21, 28**

**ENROLLMENT FORM**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

*Office Use Only Fees are Non Refundable and Non Transferable*

Method of Payment: \_\_\_\_\_ Staff Initials \_\_\_\_\_

Cash  Credit Card  Check  Scholarship Applicant

Credit Card Number \_\_\_\_\_ Verification Code \_\_\_\_\_ Expiration \_\_\_\_\_

Program Release Received : \_\_\_\_ Y \_\_\_\_ N

\_\_\_\_\_  
Scholarship Approved by ED Date

Total Due: \_\_\_\_\_

**\$72 for members \$80 for non members - includes one session per week & healthy snack**

**Scholarships available with demonstrated need. 10% Multi Child Discount.**

***Valid for all Leonardo's programs from 10/1/2018 – 9/30/2019***

Student 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 \_\_\_\_\_

Student'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 under the age of 18 from all programs and must be signed in and out each visit. In addition to the person signed below, please fill out for whom your child may be released to (if applicable):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date



## Program Scholarship Application

Date \_\_\_\_\_

**Program Scholarship:** This is a scholarship application for students between 8 and 13 who are applying for the JWL Fashion and Design Institute. This scholarship covers the cost of one class a week for six weeks as well as materials. A healthy afterschool snack is also served at no extra cost.

**Classes:** Thursday, Jan. 10, 17, 24, 31 Feb. 7, 14, 21, 28 2019

**Requirements:** Must provide Sooner Care card, Medicaid card or paystub to demonstrate need.

**Please return completed form to the front desk of Leonardo's Children's Museum or scan and email to [membership@leonardo's.org](mailto:membership@leonardo's.org).**

Parent or Guardian name: \_\_\_\_\_

Name of student attending: \_\_\_\_\_

Age: \_\_\_\_\_ Grade \_\_\_\_\_ School: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Information:

1) Proof of income: \_\_\_\_\_ (Sooner Care, Medicaid or paystub)

2) Number of members in household: \_\_\_\_\_

3) Race for each person in household (optional): \_\_\_\_\_

4) Any elderly, disabled or female head of household: (circle yes or no), Specify \_\_\_\_\_

5) Have you or anyone listed applied for a scholarship from Leonardo's before? \_\_\_\_\_

Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_