

OGHE Science Club

OGE Science Club transforms science into a fun, interactive learning experience for third through sixth graders. 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 after school snack before taking part in fun science experiments with a qualified and state certified museum educator. A science demonstration will be held at the end of the eight weeks to showcase student projects. For more information, please call 580-233-2787.

Enrollment Form

Dates & Times

TUESDAYS: October 2nd--November 27th 3:30pm to 5:30pm

Child's Name: _____ DOB: _____

School: _____ Grade: _____

Parent/Legal Guardian Name: _____

Address: _____ City: _____ State _____ Zip: _____

Phone #: _____ Work #: _____

Email Address: _____

Allergies/Special Needs: _____

Tshirt Size: YOUTH Sm__ Med__ Lg__ or ADULT Sm__ Med__ Lg__ Xlg__

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 _____

Total Due: _____ Scholarship Approved by ED _____ Date _____

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

Participants choose between Tuesday or Thursday class.

Scholarships available with demonstrated need. 10% Multi Child Discount

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

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 _____



Program Scholarship Application

Date _____

Program Scholarship: This is a scholarship application for students in third through sixth grade who are applying for the OGE Science Club. This scholarship covers the cost of one class a week for eight weeks as well as materials. A healthy afterschool snack is also served at no extra cost.

Classes: Tuesdays, October 2—November 5, 2018

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

Please return completed form to front desk of Leonardo's Children's Museum or scan and email to 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: _____