

# OG&E<sup>®</sup> Science Club

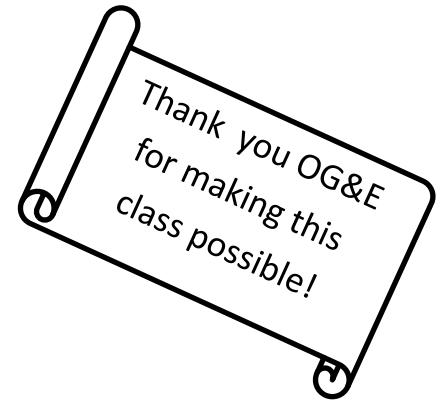
**OGE Science Club transforms science into a fun, interactive learning experience for third through sixth graders. Sessions are one day a week for eight weeks and are held in the Leonardo's Children's Museum Education Annex. Each week, students will receive a healthy after school snack before taking 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.**

Oct 8, 15, 22, 29  
Nov 5, 12, 19  
Dec 3

**\$72.00 for members**

**\$80.00 for non members**

**Includes one session per week & healthy snack.**



## Enrollment Form

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 \_\_\_

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

**Limited seats available**

**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 \_\_\_\_\_