



Paul's Beginner Pottery Class

Paul's beginner Pottery class is a new class named after the first potter at Leonardo's. This class is open for children 13 and older as well as adults who 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 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 educator. For more information call 580-233-2787.

TUESDAYS 5:30pm-7:30pm

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

(Only applicable for students under 18)

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



Scholarship Application
You must list every person living in the household:
Effective 2/1/2018

Copy of Driver's License or Valid I.D. Required!
Copies of State Assistance Cards for Each Person receiving assistance.

Adult Name: _____

Adult Name: _____

Adult Name: _____

Adult Name: _____

LIST ALL Children living in the household and their relationship to you.

Table with 6 columns: First Name, MI., Last Name, Grade, Age, Relationship. Includes three rows of blank lines for data entry.

Proof of Income: (Last year's Income Tax Record) or Proof using 3 of the following)

Proof of Income: _____

Primary Adult Monthly Income: _____

2nd Adult Monthly Income: _____

TANF (Food Stamps) Monthly

Sooner Care: _____

DHS Child Care Assistance :

WIC - Monthly : _____

SS / SSI Monthly: _____

Workers Comp Monthly : _____

Unemployment Benefit: _____

Have you had a Scholarship with us in the past? _____

Please use the following space below to explain your circumstances and reasons for requesting financial assistance for Leonardo's Scholarship Program.

This information is helpful to the Executive Director in determining need.

Date:

Name: (PRINT)

Physical Address / P.O. Box

City / State / Zip Code

Phone Number:

SIGNATURE: