



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 8-13 years old 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 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.

WEDNESDAYS 3:30pm-5:30pm

Dates: 1/16/19 | 1/23/19 | 1/30/19 | 2/6/19 | 2/13/19 | 2/20/19

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



Program Scholarship Application

Date _____

Program Scholarship: This is a scholarship application for students between 8 and 13 who are applying for the Paul's Beginner Pottery Class. 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: Wednesdays, Jan. 16, 23, 30; Feb. 6, 13, 20, 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.

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: _____