

Fantastic Friday Science Registration Form

2009-10 School-year Programs. Eastport Elementary School & Crofton Elementary School

Mail Form to: Hands-On Learning Services 956 Forest Hills Ave. Annapolis, MD 21403

Parent Information

parent's name _____
 street address/apt. number _____
 city, state, zip _____
 home phone number _____ work/cell/other _____
 parent email address: _____

Children (siblings) to register

Cost shown is TOTAL cost for # of classes AND # of children

Child(ren)' Name(s)	Grade	1 class	2 classes	3 classes	4 classes	5 classes	6 classes	7 classes	8 classes	9 classes
1.		\$28	\$56	\$84	\$112	\$140	\$168	\$196	\$224	\$252
2.		\$53	\$106	\$159	\$212	\$265	\$318	\$371	\$424	\$477
3.		\$78	\$156	\$234	\$312	\$390	\$468	\$546	\$624	\$702
4.		\$103	\$206	\$309	\$412	\$515	\$618	\$721	\$824	\$927
5.		\$128	\$256	\$384	\$512	\$640	\$768	\$896	\$1024	\$1152

Total cost = _____ (Make checks payable to Hands-On Learning Services)

**Because we must purchase lab materials and food prior to events, there are no refunds of registration costs in the event that one or more of your children are unable to attend.*

Please indicate ALL of the sessions for which you are registering: 9.25 10.23 11.20 12.18
 1.29.10 2.26 3.26 4.30 5.14

Please select the site for which you are registering: Eastport Elementary Crofton Elementary

Emergency Contact

contact name _____
 relationship to child(ren) _____
 home phone number _____ work/cell/other _____

Medical Information

Child's Physician: _____ Dr. Phone #: _____ Food Allergies (Y/N) _____

Any health or behavioral concerns (explain any food allergies here): _____

It is our policy that all medications- prescription and/or over-the-counter- must be administered at home. We will not administer or permit on the premises prescription or over-the-counter medications at Fantastic Friday Science. The only exceptions are emergency medications such as epi pens and asthma inhalers.

Additional Information

- Name of other adults authorized to pick up my child (please indicate if there is none) _____
- Does your child have permission to walk/rid bike home (Y/N)? _____
- May we photograph your child(ren) participating in Fantastic Friday Science (Y/N)? _____
- May we use photographs of your child(ren) on our website (www.hands-onlearningservices.com) (Y/N)? _____
- Please indicate the school(s) your child(ren) attend: _____
- Please indicate any special requests or instructions here: _____

I, as parent/guardian of the above referenced child/children, give my permission for my child to participate in Super Saturday Science. Further, I understand, agree to, and accept the policies of Hands-On Learning Services, with the understanding that neither the facilitators of this event nor Eastport Elementary School, Crofton Elementary School, nor AACPS are responsible for lost articles or injury.

parent signature _____