

Crazy Cool Science



Day & Times:

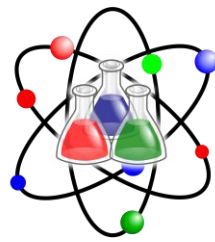
Wednesdays
1st -6th Grade
(3:15-4:15)

Semester & Cost:

1st: Sept. 5-Dec. 15
2nd: Jan. 16-May 4

Price:

\$225 per semester



Life Science

- ~Digestive System
- ~Bugs and Reptiles
- ~The Brain
- ~Plant Life Cycle
- ~Carbon Cycle

Earth Science

- ~Moon and Craters
- ~Volcanos and Fire
- ~The Water Cycle

Physical Science

- ~Chain Reactions
- ~Heat, Light, and Sound
- ~The Periodic Table of Elements
- ~Explosions!

**Plus much more,
including Astronomy,
Chemistry, and special
seasonal labs!**



We learn
BEST
through
experience!



Crazy Cool Science

Registration Form



Attach payment of \$225.00 to the registration form and return to the office by August 25 for first semester & January 11 for the second semester. Please make checks payable to ARIZONA INSTRUCTION.

PLEASE FILL OUT THE FOLLOWING INFORMATION:

- ✧ STUDENTS NAME: _____
- ✧ GRADE: _____ TEACHER: _____ (Painted Rock)
- ✧ PARENT'S NAME: _____
- ✧ PARENT'S PHONE NUMBER: _____
- ✧ PARENT'S EMAIL ADDRESS: _____
- ✧ FOOD ALLERGIES: _____
- ✧ IS YOUR CHILD ENROLLED IN THE AFTER SCHOOL CARE PROGRAM? _____

PLEASE INITIAL & SIGN CONSENT OF FOLLOWING STATEMENTS:

- ✧ _____ I understand, that while safety precautions will be taken, my child may have their clothing or their person affected by lab materials. My child should bring an oversized lab shirt, on the first day, and the instructor will make sure the shirt is available on days where it is required.
- ✧ _____ I understand that there will be critters coming to class, which may include bugs, reptiles, amphibians, birds, and small mammals. My child will have the option of petting the animals, but only if they feel comfortable to do so.
- ✧ _____ I understand that there will be at least one lab that includes food. The instructor will choose nut free foods.
- ✧ _____ I understand that my child may be asked if they would like to share in the food used during lab, and that it is my responsibility to notify the instructor if my child has food allergies, restrictions, or should abstain from any food. You may attach written allergy information to this form.
- ✧ _____ I/We give our child named above, my/our permission to participate in the Crazy Cool Science class. I/We, the parents/guardians, in consideration of their participation in this class, recognize and acknowledge that in spite of supervision and vigilance, accidental injuries can and do occur. I/We agree to hold Arizona Instruction, it's owners, teachers & subcontractors harmless from any claim of responsibility, and agree to forebear from any demand, claim or lawsuit from any such occurrence. I/We also understand that class photos/video may be taken of my child for yearbook, flyers, etc. I/We also understand that students who are not picked up upon the completion of class will be sent to the after school care program and charged for extended care. Pick up will be in the cafeteria at 4:00 p.m. Please note that NO class will be held the week of Thanksgiving.

Parent's Signature: _____ Date: _____

