

Crazy Cool Science

REGISTER ONLINE: <https://arizonainstruction-paintedrock.jumbula.com>



Day & Times:

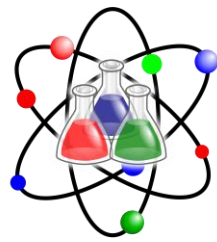
Wednesdays
1st -6th Grade
(3:15-4:15)

Semester & Cost:

1st: Sept. 3-Dec. 13
2nd: Jan. 13-May 1

Price:

\$230 per semester



We learn
BEST
through
experience!



PHYSICS

- ~Kinetic Energy Tests
- ~Fruit Electricity
- ~Pendulum Painting
- ~Spaghetti Bridge

BIOLOGY

- ~Cast & Mold Fossils
- ~Diagramming Oceans
- ~Zoology/Marine Biology
- ~Natural Disasters

CHEMISTRY

- ~Ice Cream
- ~Exploding Bags
- ~Density Rainbow Jars
- ~Making pH Indicators

**Plus many more
HANDS ON labs!!!**

**NEW experiments & subject
matter every semester!**



Crazy Cool Science

Registration Form



Attach payment of \$230.00 to the registration form and return to the office by August 28 for the first semester & January 8 for the second semester. Please make checks payable to ARIZONA INSTRUCTION. Credit Card payments can be made at: <https://arizonainstruction-paintedrock.jumbula.com>

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 affected by lab materials. My child should bring an oversized T-shirt each class to wear if needed.
- ✧ _____ I understand that there may 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 4:15 p.m. Please note that NO class will be held the week of Thanksgiving and no refunds can be issued after the second week of classes.

Parent's Signature: _____ Date: _____

