



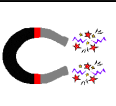

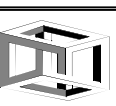
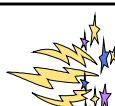




Mad Science of Washington  
 (301) 593-4777  
 www.madscience.org/dc

# Sensational Science System 2 Registration

8-week Program\*

	<b>HARNESSING HEAT:</b> Explore the properties of heat. Watch as sugar transforms into cotton candy before your eyes! You get to eat it too!!		<b>SLIME:</b> Play with polymers and explore chemical reactions. Transform two liquids into an oozing batch of your very own slime!!
	<b>LIGHTS...COLOR...ACTION:</b> Quiet on the set! Become en-light-ened and learn about light. Create Newton's color wheel!!!		<b>SONIC SOUNDS:</b> Stop, look and listen... to all our cool special effects. Check out the cool hanger bangers and Sonic Horn!!
	<b>MAGNETIC MAGIC:</b> Discover the magic of magnets. Explore magnetic fields and make your own "magnetic magic"!!		<b>TANTALIZING TASTE:</b> Say AHH! Test your senses of taste and smell. Make your own soda pop and play a scent-sational smell game!!
	<b>OPTICAL ILLUSIONS:</b> Is seeing believing? Explore optics, reflection and sight. Then it's "Up Periscope!" Make your very own cool periscope!!		<b>WATTS UP:</b> Watts up Doc!! Generate electricity, lightning and conduct hair-raising experiments with our Van De Graff Generator!!

\*substitutions may occur

## POLICIES

- Classes may be cancelled due to low enrollment. If class is canceled due to exigent circumstances (e.g. inclement weather), we will try to reschedule, but cannot guarantee a make up class.
- A full refund (less a \$10 processing fee) will be given if requested in writing and received by Mad Science within 5 business days after the first class.
- MS is not responsible for your child prior to and after the scheduled class. Please make sure you pick up your child **on time**. A \$10 fee will be imposed for the first 15 mins late, \$25 thereafter.

**Day:** Wednesday (K-2)    **Time:** 3:35-4:35    **Start Date:** 10/14/2009    **End Date:** 12/16/2009    **No Class:** 11/11, 11/25  
**Day:** Wednesday (3-5)    **Time:** 3:35-4:35    **Start Date:** 10/14/2009    **End Date:** 12/16/2009    **No Class:** 11/11, 11/25

(Please cut along dotted line and return the bottom portion with your check)

✂-----✂-----✂-----✂-----✂ **COURSE REGISTRATION FORM** ✂-----✂-----✂-----✂-----✂

Contact/Phone: Michelle Brami 301-460-6679

Registration Deadline: Wednesday, September 30, 2009

School **ROCK CREEK VALLEY ELEMENTARY**

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact's Phone \_\_\_\_\_

\_\_\_\_\_ Wednesday (K-2) 3:35-4:35 8 wk / \$112    \_\_\_\_\_ Wednesday (3-5) 3:35-4:35 8 wk / \$112

Make checks payable to: PTA

Return form/check to: School

My child will be picked up by \_\_\_\_\_  My child will attend daycare

Health concerns \_\_\_\_\_

Parent's Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  Please contact me about being a PARENT VOLUNTEER