

# Hands-on Science Labs at Richland (all new experiments each semester)

**Wednesdays (starts Sept. 6<sup>th</sup>)**

**Fridays (starts Sept. 8<sup>th</sup>)**

**A 3:20 – 4:20 Special Kindergarten Section**

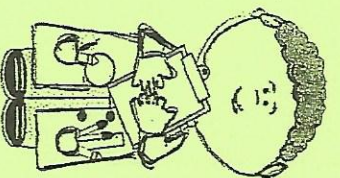
**C 3:20 – 4:20**

**B 4:30 – 5:30\* (preferred for Oasis students)**

**D 4:30 – 5:30**

Tuition - \$200 plus \$25 lab fee

for info call Ms Cindy @326-8371



Students will learn to use laboratory equipment, analyzing data and form conclusions. They will experience the thrill of discovery, develop problem solving techniques, and form conclusions. As active participants in these scientific activities, students will exercise both their minds and their bodies while sparking their imagination, sense of inquiry and creative innovation.

**Science Registration Form:** turn in with check (made out to **Richland Elementary**) to office

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Section \_\_\_\_\_ Allergies? \_\_\_\_\_

OASIS? \_\_\_ yes \_\_\_ no Check your preferred section: **A** **B** **C** **D** Note classes fill quickly as numbers are limited

Address \_\_\_\_\_ home phone \_\_\_\_\_ Concerns \_\_\_\_\_

Mother \_\_\_\_\_ Phone# \_\_\_\_\_ email \_\_\_\_\_

Father \_\_\_\_\_ Phone# \_\_\_\_\_ e-mail \_\_\_\_\_

Physician \_\_\_\_\_ Ph# \_\_\_\_\_ Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

I \_\_\_ do or \_\_\_ do NOT allow Hands-on Science to use the likeness of this student to represent the organization in displays or advertising. Agreement: This is to certify that the student \_\_\_\_\_ is, to the best of my knowledge in good physical condition and is capable of using the equipment and participating in science labs. I do personally agree to assume the risk of any adverse effects on his/her health due to participation in this activity. I do also agree that I shall not hold either *Cindy the Science Lady, Richland Elementary School or Shelby County Schools* liable for any damages, future claims, cause of action, present or in the future, whether the same be known or unknown arising from personal injury sustained by this student or his/her guests in, on, or about the premises out of the student's or guest's use of the facilities and equipment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

