

The Palo Alto Junior Museum and Zoo Presents

Science with a Twist

at Duveneck

Winter & Spring 2020 Programs:

Energy Explorations

Put science to work for you! Discover the secrets of physics while you make things bubble, whirr, pop and spin. This lively class is a fun introduction to the science of energy.

Jan 13 – Feb 24

Class cost: \$150

Grades 1-3

Mondays from 2:35 - 3:25 pm

No class January 20th, February 14th.

Geology and Dinosaurs

Are you a fossil fanatic? Do you love lava? Learn about dinosaurs, fossils, volcanoes, earthquakes, rocks and minerals in this earth-shaking class.

Mar 2 – Apr 20

Class cost: \$179

Grades 1-3

Mondays from 2:35 - 3:25 pm

No class March 9th, or April 6th.

Backyard Biology

Discover the amazing network of life that thrives just outside your door, in your yard or local park! Investigate life—from the unusual to the loveable—and learn how to turn your green space into a haven for urban plants and animals.

Apr 27 – June 1

Class cost: \$150

Grades 1-3

Mondays from 2:35 - 3:25 pm

No class May 25th.

All classes are held at Duveneck Elementary School.

To register, please fill out the back of this form and send it with your payment to the Palo Alto Junior Museum & Zoo.

Class enrollment is limited to 10 students per JMZ instructor. Children must be picked up promptly after class. We cannot be responsible for your child before or after class. To make sure that all families have a fair chance to apply for these classes, we will use a lottery system. **See the reverse side for more detailed registration instructions.**



Palo Alto Junior Museum & Zoo
4050 Middlefield Road
650-329-2111
Fax: 650-473-1965
www.cityofpaloalto.org/jmz

REGISTRATION FORM

City of Palo Alto – Community Services
Register at the Junior Museum & Zoo
 Mail-in, drop-off, or fax
 4050 Middlefield Rd, Palo Alto CA 94303
 Fax to 650-473-1965
 Questions? Call 650-329-2111

REGISTRATION INSTRUCTIONS

1. If registering by mail or drop-off, we encourage you to pay by check. For credit card, please provide the last 4 digits of your card number below. Make checks payable to: **City of Palo Alto**.
2. You may mail, fax or drop off your registration. (There is a night drop box at the JMZ's front door.) We will begin processing all forms on **December 12th at 10AM** using a lottery system. Any remaining spaces will be filled on a first-come, first-served basis. We will mail you a confirmation or waitlist receipt.
3. There will be no refunds for cancellations after registration.

REGISTERING ADULT (Please fill in completely and print clearly in blue or black ink.)

 Last Name First Name Email

 Street Address City State Zip Code

 Night Phone Day Phone Emergency Phone

CLASS INFORMATION (Please print clearly.)

Class Code	Participant's Last Name	Participant's First Name	M / F	Date of Birth	Class Name	Fee	Dates
DEE					Energy Explorations Grades 1-3 (5 weeks)	\$150	1/13-2/24
DGD					Geology and Dinosaurs Grades 1-3 (6 weeks)	\$179	3/2-4/20
DBB					Backyard Biology Grades 1-3 (5 weeks)	\$150	4/27-6/1

SIGN-OUT POLICY AND WAIVER

For the protection of your child, an authorized adult must pick up your child from the classroom. Or, you may sign below to allow your child to sign him/herself out of class. Children may not wait in the parking lot or on the playground; they must either be picked up in the classroom or they must take themselves home. Please check one of the following and sign:

- My child has permission to sign him/herself out of class. He/she will walk, bike, or take the bus home.
 My child does not have permission to sign him/herself out of class. I, or an adult named below will pick up my child.

Other adults authorized to pick up my child: _____

Does your child have any allergies? _____

Permission to participate in the above program(s) is given for my child. In consideration of participation in this program, I hereby indemnify and hold harmless and release the City of Palo Alto, PAUSD, their agents, employees, and volunteers working for the City or School District from any and all liability for injury suffered by myself or my child arising from or connected with this program. I assume all risk for any injuries. I sign of my own free will.

 Signature of parent or legal guardian Print name Date

 Payment Information: ___ Check ___ Cash ___ Charge Total Amount: \$_____

Name on Card: _____

Last 4 Digits: _____ CVV: _____

***In order to pay by credit card, please visit one of our community centers or save your credit card number in your Enjoy! account.**