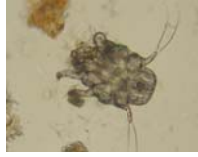


Elementary Enrichment

Skyview

Kindergarten-5th Grade



Science Career for a Day

Fridays

Time: 3:50-4:50

Cost: \$12 each or ALL SIX for \$59



Learn about different bacteria, parasites, and insects. Identify distinct animal behaviors. Dissect cow eyeballs, hearts, and plants. Even extract our own DNA! Individual classes \$12.00 each. Sign up for all six and save \$13.

Friday, Oct. 9 Class #: YESK106A

Friday, Oct. 30 Class #: YESK106B

Friday, Nov. 6 Class #: YESK106C

Friday, Nov. 13 Class #: YESK106D

Friday, Nov. 20 Class #: YESK106E

Friday, Dec. 11 Class #: YESK106F

Microbiologist for a Day! Bacteria, parasites and more!

Entomologist for a Day! Learn about the pregnant wood tick & discuss insect life cycles.

Zoologist for a Day! Animal behavior of ferrets, bearded dragons, and maybe even a hedgehog.

Botanist for a Day! Dissect flowers & plants.

Anatomist for a Day! Dissect cow or sheep organs and learn animals system functions.

Geneticist for a Day! Extract our own DNA and learn about heredity, and natural selection.

Register for all six classes!

Class #: YESK106ALL Cost: \$59

Registrations must be sent to the Elementary Enrichment office at the address (or contact number) below AND must be received in that office a minimum of 3-5 days prior to the start of class for processing.
Registrations cannot be accepted at the schools.



Send to:

Elementary Enrichment
 622 Education Center
 2520 E 12th Avenue
 No St Paul, MN 55109

Bring to:

Community Education
 District Education Center
 Room 204
 Monday - Friday
 7:30 am - 4:30 pm

Fax: 651.748.7497

24-Hour Youth

Registration Line:

651.748.7430
 (VISA/Master Card only)

Registration Questions?

651.748.7445

Visit us online at

<http://communityeducation.isd622.org>

SKYVIEW ELEMENTARY ENRICHMENT REGISTRATION FORM- Please Print Clearly, One Form Per Child

Student _____ Date of Birth _____ Gender _____

Grade _____ Teacher _____ School _____

Parent 1 Name _____ Parent 1 Home # _____

Parent 1 Work # _____ Parent 1 Cell /Pager # _____

Parent 1 Address _____ City/Zip _____

Parent 1 Email _____ Parent 2 Email _____

Parent 2 Name _____ Parent 2 Home # _____

Parent 2 Work # _____ Parent 2 Cell /Pager # _____

Emergency Contact _____ Phone _____

Health/Special Needs Info _____

I do *not* want my child photographed (photos may be used in publications).

My child is registered to attend Adventure Connection today after school and should return there after class.

CLASS #	CLASS NAME	DAY/LOCATION	\$FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make checks payable to District 622 Community Education TOTAL DUE: \$ _____

Credit Card # _____ Expires _____

Signature _____ Date _____

Cash _____ Check # _____ Visa _____ MC _____ **Information on this form is confidential**

Refunds: Request a refund one week before class begins. A \$5 per course processing fee will be deducted from your refund/credit. No refunds will be given after classes begin.

Office use: Date Rec'vd: _____ Date Entered: _____ Payment Amount: _____ Refund: _____ F.A.: _____