

SCIENCE CLUB INFORMATION & PARTICIPATION FORM  
2018-2019



(Participants--grades K-4 and Lab Assistants--grades 5-8)

Dear Parents and Students,

My name is Mrs. Sue Kempisty and I am a volunteer who will be leading SCIENCE CLUB this year. I invite students to join and explore the world of science with me. This year will continue to be a chance to work with hands-on experiments outside of the classroom. The CLUB will be broken up into 2 groups to allow for ease in working with students and completing exploration.

**GROUP 1--Kindergarten and 1st Grade--** meeting on Mondays after school  
until 4pm.

**GROUP 2--2nd, 3rd, and 4th Grades--**meeting on Wednesdays after school  
until 4pm.

The lab only holds 20 students, so seats are limited. Students will be accepted on a first come, first serve basis.

LAB ASSISTANTS are essential and very much needed. They are asked to be consistent in both participation and attendance. They can choose to assist on one or both days.

**\*\*If you are interested in participating or helping out as a LAB ASSISTANT, please fill out the registration and permission form below and return to school to my attention, SCIENCE CLUB COORDINATOR no later than October 10, 2018.**

**Monday Dates (Kindergarten & 1st grade):** October 15th, November 12th, January 14th, February 11th, March 11th, April 8th, and May 20th.

**Wednesday Dates (2nd, 3rd, and 4th grades)** October 17th, November 14th, January 16th, February 13th, March 13th, April 10th, and May 22th.

**\*\*\*Safety goggles and a Smock are required for both participants and Lab Assistants---**

If you need to purchase goggles, please indicate on form below--the cost--\$5.

Some materials will also be needed from home for various experiments--you'll hear about them in an email and also the school newsletter before the club meeting.

Thanks in advance for your cooperation. I'm anxious to meet the future scientists in the Lab!

*Mrs. Sue Kempisty*

## PARTICIPATION and PERMISSION FORM for SCIENCE CLUB

Student's NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
(please print)

Student's NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Student's NAME \_\_\_\_\_ GRADE \_\_\_\_\_

LAB ASSISTANTS ARE NEEDED AND ARE A VITAL PART FOR A SUCCESSFUL SCIENCE CLUB...(5th -8th grade only)

Monday assistant \_\_\_\_\_ Wednesday assistant \_\_\_\_\_ Both days \_\_\_\_\_  
(COMMUNITY SERVICE HOURS CAN BE OFFERED)

Student's NAME \_\_\_\_\_ (lab assistant) GRADE \_\_\_\_\_  
(please print)

### PERMISSION:

I, (parent or guardian), \_\_\_\_\_ give my permission for my student to attend SCIENCE CLUB. I understand that if my student is not picked up by **4:15 pm**, he/she will be sent to child care and I will be responsible for the cost associated with child care at St. Paul's School.

Parent's Signature \_\_\_\_\_

Contact phone number \_\_\_\_\_

Email address \_\_\_\_\_  
(email address will be used for updates, changes or cancellations)

\_\_\_\_\_ My student needs goggles and I will purchase them through SCIENCE CLUB (\$5)

\_\_\_\_\_ I will provide my own safety goggles