



506 S 4th Street, Manhattan, Ks. 66502

785-776-1234

www.wonderworkshop.org

wonder@kansas.net

Wonder Workshop Children's Museum Presents: Hooked on Clubs!

An after school program at Wonder Workshop Children's Museum for students in **K-6th grades**,

Monday - Fridays from after school - 5:30. You may sign your child up for every day of the week or you may select the days that work best for you throughout the month.

Activities:

Each day students will explore projects that sometime last all week or in other cases can be completed in a day. Your child will explore science through the use of microscopes, loupes, experiments, and inventions by applying the scientific method. Some art activities we have scheduled are: photography, pottery, murals, paper making, story books, and jewelry. Throughout the year your child will also learn about other cultures mostly through foods and music. Chess is a game that trains growing minds to focus their attention which helps students in reading, math, and good sportsmanship. Your child will learn about the history of chess and how to play it.

Cost: Please call for a price quote.

**Call or email us
now to sign up!**



Why should you sign up?

1. Adults lead the classes
2. Staff to Student ratio 7 to 1
3. Students learn through hands-on
4. Safety is a major concern
5. Kids have fun learning with us
6. Students are treated as individuals
7. 24 years of experience

Wonder Workshop Registration Form:

PHOTO RELEASE:

I agree to allow Wonder Workshop and Richard Pitts to use photographs/recordings, video, DVD, and CD recordings of my child as a Wonder Workshop participant for promotional use.

Parent Signature: _____ Date: _____

Child (ren) Name: _____

_____ I do give permission for my child to be photographed/recorded or video taped.

_____ I do not give permission for my child to be photographed/recorded, or videoed.

Name of club member & school: _____ age: _____

Home phone & cell & work: _____

Email address: _____

Address: _____ City & zip: _____

Secondary Contact _____ Phone: _____

Is your child allergic to any medications, foods, etc? _____

Doctor's name: _____ Dr.'s phone _____

I understand that some physical activities such as hiking, sports, climbing, zip line, etc, may be involved and that participant (s) can sustain injury. I agree not to hold the instructor (s) or Wonder Workshop responsible for any injury that may occur related to program activities your child is enrolled in with the Wonder Workshop. I further authorize the instructor (s) to seek medical attention for _____ in case of any emergency.

Parent/Guardian Signature: _____ Date: _____

Please contact the Wonder Workshop to enroll in our programs. Contact person:

Richard Pitts

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