



**Sparking
Imaginative Learning**



Class Day: Mon, 3:15 PM - 4:15 PM
Light, Sight & Sound - 8 week,
4/9/2018 - 6/4/2018
Cost Per Student: \$112.95
Registration Deadline: 4/6/2018
Skip date: 5/28/18

To register after the deadline, please call:
Mad Science of San Diego
Phone: 858-505-4880
Web: register.madscience.org

WWW.MADSCIENCE.ORG

PROGRAM DESCRIPTIONS

COURSE REGISTRATION FORM

Harnessing Heat

Explore the properties of heat and create a mini heat rocket. Change the states of matter and learn about friction and how it produces heat.

Lights, Color, Action

Uncover a rainbow hidden inside white light and build your own color wheel. See a spectacular chemical energy display!

Magnetic Magic

Investigate the invisible power of magnets. Test for electromagnetic fields and build your own magnetic game to take home!

Optical Illusions

Build your own periscope while learning about optics, reflection and vision. Investigate amazing optical illusions!

Slime

Explore the world of polymers and the chemical reactions that create them. Transform two liquids into slippery slime!

Sonic Sound

Discover sound waves & create your own sound effects. Make your own Super Hanger Banger and sound amplifier

Tantalizing Taste

Experiment with various taste sensations while "mapping" your tongue. Put your taste buds and sense of smell to the test.

Watts-Up

Learn about electricity, its properties and its role in natural phenomena. Make indoor lightning with our electrostatic generator!



School: Jerabek Elementary

Class Day: Mon, 3:15 PM - 4:15 PM; **Dates:** 4/9/2018 - 6/4/2018; **Grade:** K - Gr 5; **Program Cost Per Student:** \$112.95; **Section #:** JRBK033;

Child's Name: _____ **Birthday:** ___ / ___ / ___ **Grade/Teacher:** _____

Parent's Name: _____ **Phone #s:** (___) ___ - ___ , (___) ___ - ___ , (___) ___ - ___

Address: _____ | _____ | _____ | _____ | _____
Street City State/Province Zip/Post Code Country

My Child will: Attend Day Care at the School Walk Home Be picked up by _____ Phone #: (___) ___ - ___

Please list any health concerns: _____

Return Check and Form to: Mad Science 5555 Magnatron Blvd Ste G SD, CA 92111

Payment Method: **Checks** Make check payable to: Mad Science

Credit _____ Exp. Date ___ / ___
Name on Card Credit Card Number MM/YY

Parent's Email: _____

Parent's Signature: _____