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Parent's Press 2017:  
Best After School  
Enrichment Program

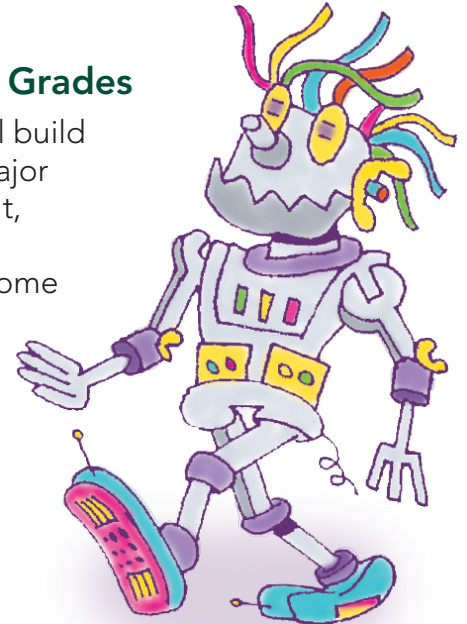


Bay Area Parent 2017:  
Best Science  
Support Program

# TOYOLOGY: SCIENCE THROUGH TOYS

## Thornhill Elementary After-School Science Program: TK-4th Grades

In these exciting hands-on science classes we will build a variety of toys and use them to demonstrate major scientific concepts such as energy, electricity, light, gravity, motion, friction, magnetism and simple machines. Each student will construct and take home a science toy in every class. The classes will be taught by our award-winning staff.



### Each student will make and take home:

- Light-Up Electric Robot
- Mighty Mini-Catapult
- Fly High Rocket
- Motorized Solar Cell Color Spinner
- And more . . .

**When: Wednesdays – Sept. 5, 12, 19, 26;  
Oct. 3, 10, 17, 24, 31; Nov. 7, 14;  
Dec. 5, 12, 19 (no class: Nov. 21 & 28)**

**Time: 1:30pm – 2:30pm**

**Where: P-17**

**Fee: \$355 for 14 classes**  
(Fee includes all materials)

Fall 2018-19  
**All New Projects!**

For more information call (510) 581-3739 or visit [www.sarahscience.com](http://www.sarahscience.com)

## TOYOLOGY: SCIENCE THROUGH TOYS

### Registration Form — Thornhill Elementary — Fall 2018-19

We accept **CHECKS** payable to Sarah's Science or any major **CREDIT CARD** using the form below.

**MAIL** registration form payment to Sarah's Science, 21525 Knoll Way, Castro Valley, CA 94546

**FAX** registration to (510) 581-6144 or **SCAN & EMAIL** registration to [info@sarahscience.com](mailto:info@sarahscience.com).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Room/Teacher: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent 2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Before class my child is arriving from (circle one): Class / After School Program / Other: \_\_\_\_\_

After class my child is departing to (circle one): Parent / After School Program / Other: \_\_\_\_\_

FOR CREDIT CARD REGISTRATION:

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Terms and Conditions: Payment is due in full at time of registration. Students enrolling after the first class are eligible for a pro-rated rate.

No refunds or discounts will be given due to absences. Cancellations placed one week or more before the first class date are eligible for a full refund.

No refunds or credits will be issued less than a week before the first class date.



# Thornhill Elementary Student Enrichment Registration & Pick Up Form

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Dear Parent/Guardian,

Thank you for enrolling your child(ren) in an enrichment class at Thornhill Elementary. In order to insure the safety of your child(ren) and others, please complete and return this form to your provider(s) as part of registration. Please note we need one form for **EACH** class.

**Name of Enrichment Class:** \_\_\_\_\_ **Day of Week** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

\_\_\_\_\_ is to be picked up & dropped off by Adventure Time (K only)

\_\_\_\_\_ is to be dropped off at Adventure Time aftercare after dismissal (1<sup>st</sup> thru 5<sup>th</sup> graders)

\_\_\_\_\_ is to be picked up by Parent/Guardian (provide list of approved people below).

\_\_\_\_\_ Will go to the following Enrichment Class \*: \_\_\_\_\_

Names of those authorized to pick up my child named below:

1. \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

3. \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

4. \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

**\* If you child is signed up for a class between 2:35-3:35pm on Wednesdays, please indicate where he/she will be before the second class:** \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Print name Parent/guardian: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

In the event that your child's enrichment class needs to be canceled, who and how do you

want to be notified? Contact person's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Vendors:** Please make and turn in 1 copy of this form with your class rosters to Sally Bonini .