



SARAH SHAFFER  
21525 KNOLL WAY  
CASTRO VALLEY  
CA 94546

TEL (510) 581-3739  
FAX (510) 581-6144  
www.sarahscience.com  
info@sarahscience.com



Parent's Press 2019:  
Best After School  
Enrichment Program

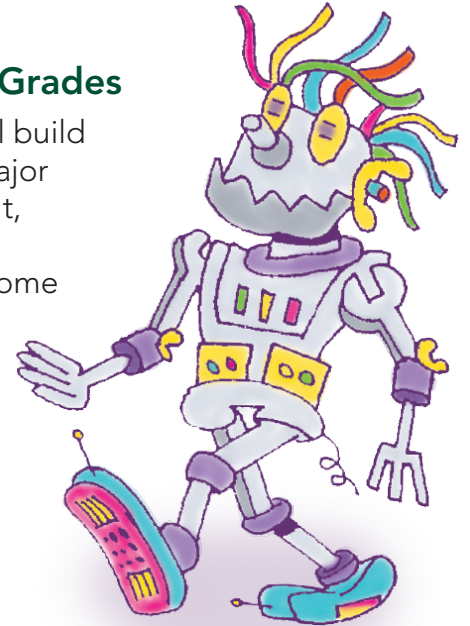


Bay Area Parent 2019:  
Best Science  
Support Program

# TOYOLOGY: SCIENCE THROUGH TOYS

## Redwood Heights Elementary After-School Science Program: K-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 Idea Bot
- Magic Moving Picture Tube
- Topsy Turvy Top
- Tube Rocket
- And more . . .

**When: Tuesdays – Apr. 7, 14, 21, 28;  
May 5, 12, 19, 26\***

**Time: 3:00pm – 4:00pm**

**Where: Library**

**Fee: \$200 for 8 classes**  
(Fee includes all materials)

\*On this date, the class will be held from 1:30-2:30pm

Spring 2019-20  
**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 — Redwood Heights — Spring 2019-20

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: \_\_\_\_\_ Any Special Needs: \_\_\_\_\_

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.*

