# periences



**Location: Franklin Park School Cafeteria** 

Times: 9:30 am - 12:30 pm

### **EARTH'S AMAZING WONDERS**

Saturday, January 30, 2016

**Ages 7-12** 

Fee: \$32

Rocks, Minerals, Volcanoes and Earthquakes - In this exciting and interactive program, children will investigate the basics of geology. During the experience children will make and take home a string of ultra violet beads and a colorful layered sedimentary tube. They will also take home rocks and minerals that they'll discover while "panning for gems."

## **SURVIVAL: PREDATORS & PREY**

Saturday, February 20, 2016 Ages 7-12

**Fee \$32** 

In this interactive program children investigate the wonders of nature. From Beaks and Teeth, to Talons and Claws, children will discover how nature's critters adapt to their environment. Included in this workshop is the famous owl pellet dissection - discovering how and what Mr. Owl eats. Participants will also make their own plaster molds of the feet of one of their favorite animals.

## LASERS AND OPTICS

Saturday, March 12, 2016

**Ages 7-12** 

Fee \$32

**AI3C** 

Children will put on their own laser light show and will see spectacular indoor fireworks while learning about color and light. They will learn how our eyes can sometimes play tricks on us and also make their own periscope to take home.

This program is held in conjunction with Mad Science of West New Jersey. Registration for Saturday Enrichment Experiences (SEE) are currently being taken online, by mail or walk-in at the Franklin Recreation Department. Registration is limited and is taken on a first-come, first-served basis. For further information call 732-873-1991, option 4. Please complete the registration form on the back and mail it along with a copy of the child's birth certificate and payment to:

> Franklin Recreation / 505 DeMott Lane / Somerset, NJ 08873 Register online at: www.franklintwpnj.org



# REGISTRATION FORM



PLEASE NOTE:

For Youth programs, please include a copy of child's BIRTH CERTIFICATE or a copy of a CURRENT YEAR REPORT CARD where noted.

For Adult programs, please include a copy of your NJ DRIVER'S LICENSE.

\*\*Registration is INCOMPLETE without proper identification and will not be processed\*\*

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|--|---------|-----|--------|----------------|-------|---|--|
| PARTICIPANT NAME (Please Print)  |         | AGE | GENDER | BIRTH          | GRADE | ACTIVITY NAME, DAY & TIME                   |  |
| LAST   | FIRST   |     |        | DATE           |       |   |  |
|  |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
| Parent/Guardian Last Name (Please Print) Parent/Guardian First Name (Please Print)   |         |     |        |                |       |   |  |
| Address  |         |     |        |                |       |   |  |
| City State   |         |     |        |                |       | Zip Code                                    |  |
| Dev  | Evening |     |        |                |       | Cal   |  |
| ( )  |         |     |        |                |       | ( )   |  |
| Email Address  |         |     |        |                |       |   |  |
| PARENTIGUARDIAN PROGRAM AUTHORIZATION (Please Print)   |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
| My child will be picked up by (Mothers Name) (Fathers Name)  |         |     |        |                |       |   |  |
| (Other)  |         |     |        | (Relationship) |       |   |  |
| My child has permission to walk/bike home.   YES NO  |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
| Are there any medical concerns, medication, allergies, emotional or learning problems that we should be aware of?   YES NO If yes, please describe:  |         |     |        |                |       |   |  |
| I hereby authorize the Franklin Township Department of Planks and Recreation to act for me according to their best judgment in any   |         |     |        |                |       |   |  |
| emergency requiring medical attention. I have read and agree to abide by the Township of Franklin  Parks & Recreation Department policies & procedures.  |         |     |        |                |       |   |  |
| GENERAL PARTICIPATION PHOTO RELEASE: Please sheek one.   |         |     |        |                |       |   |  |
| Yes, I will allow pictures to be taken of me or my child(ren) and used for display and/or publicity purposes by the Township of Franklin.  |         |     |        |                |       |   |  |
| ☐ No, I do not permit pictures to be taken of me or my child(ren).   |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
| I, the undersigned, hereby agree to allow the individual(s) named hereon to participate in the Township of Franklin Recreation Department activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in recreational activities. My signature acknowledges that I understand and agree to the above terms and conditions.   |         |     |        |                |       |   |  |
|  |         |     |        |                |       |   |  |
| Signature  |         | De  | ste    |                | С     | fircle One: Parent / Guardian / Participant |  |
|  |         |     |        |                |       |   |  |