





Fall Camp Spark - Igniting Knowledge!

November 20 & 21, 2017 REGISTRATION IS NOW OPEN

MoLab, Inc.'s Camp Spark – Igniting Knowledge! is offered when students in Leon County are on school breaks for the fall, winter, spring, and throughout the summer. Sessions are presented at a local school or organization. Fall Camp Spark will be held at Saint Paul's United Methodist Church at 1700 North Meridian Road, Tallahassee, FL 32303.

Fall Camp Spark will offer students 5 years old through the 8th grade the opportunity to participate in STEAM (Science, Technology, Engineering, Art, and Math) activities in a fun, interactive, and safe environment. Each daily session will present campers the opportunity to explore science through creative play, experimentation, and inquiry-based learning experiences. The sessions present age-appropriate curriculum and are designed to provide students with engaging educational activities that are both informative and entertaining.

For more information and to download Camp Guidelines, please visit www.tallymolab.org.

THEMES:

Monday, November 20: Food STEAM Lab – Getting hands-on with food can be both an art and a science! Use your creativity and science skills to mix, construct, and concoct some edible and not-so-edible creations.

Tuesday, November 21: Experiment Extravaganza – Enjoy a day of exciting experiments in chemistry, biology, and physics. Get electrified as you engineer buoyancy barges, construct rockets powered by chemistry, explore candy science, and more!

FEES:

Daily Camp fees are \$45 per day, which includes lunch and 2 snacks. Hours are from 9 a.m. to 4 p.m.; drop off starts at 8:45 a.m. and pick up is until 4:15 p.m.

Register more than one camper and all additional siblings receive a discounted rate of \$43 per day.

ADDITIONAL INFORMATION:

Please visit www.tallymolab.org to download the camp guidelines for additional details. Contact Aimee Hills at aimee@tallymolab.org or 850-591-6362 with questions or for assistance in registering.

REGISTRATION:

Payment in full is due with registration.

To pay by check or money order, please send completed registration forms and payment by mail to MoLab, Inc. at 1700 N. Monroe Street, Suite 11-223 Tallahassee, FL 32303.

Credit card payment must be made at www.tallymolab.org using MoLab's PayPal account. After completing your transaction, please write the confirmation sequence on the registration form and send by mail to the address above or email to aimee@tallymolab.org.









CAMPER INFO (Please fill out 1 form per Camper)

LUNCH ORDER INFORMATION

Camper's Last	's Last Name First Name Age			Please check one box for each day of Camp. Campers may choose between Marco's Pizza and water or a Subway bag lunch with chips and water.			
Birth Date		School Name	Grade Level	November	20	21	
PARENT/GUA	ARDIAN IN	FΩ		Marco's Pizza			
TAKEN1/GUP	AKDIAN IN	ro		Cheese Pizza			
D	NT	E:4 N		Pepperoni Pizza			
Parent #1 Last Name First Name						_	
II DI		337 1		Subway Bag Lunch		_	
Home Phone		Work	Cell	PBJ Ham/Cheese			
				Turkey/Cheese			
Mailing Addres	ss City	State	Zip	Veggie/Cheese			
				v eggie/ encese			
Parent #2 Last Name First Name				Camp Tuition			
Home Phone		Work	Cell	Total number of day	s attend	ling Camp	:
		1		1st Sibling or Only C	Camper		
Parent # 1 emai	<u>il</u>	Parent # 2 er	nail	(# of days X \$45)			\$
				Additional Sibling I	Discoun	t	¢.
Emergency Cor	ntact	Phone		(# of days X \$43)			\$
				Pre & Post Camp Se (total # sessions X \$			\$
Physician		Phone					Φ
		IAL INFORMATIO		Camp Tuition Tota	ll.		\$
Please specify a needs of which	any medication Camp staff s	ons, allergies, and/or should be aware.	special	Please check metho		-	formation
				□ Check # □ Cash			
				☐ Credit Card Payn paid online at <u>www.</u>			nts made via Credit Card must be
Please check the boxes that apply and sign below.				PayPal Confirmation	n Numb	er:	
☐ 1. My child ha	as permission	to attend field trips plar	ned with some classes.				
2. In case of a to the hospital.	an emergency,	MoLab, Inc. has my po	ermission to take my child	Name on Card			
☐ 3. I give my pube used for marke			leo images of my child to	Signature			
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Parent/Guardian S	Signature	Date				•. ((**).
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November	20 21					5	
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		es that apply to add	Extended Care.		Mobil	izing Scien	ce Education
Pre Camp							
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Total Number o	of Pre/Post C			F □ D □ Q	В	l Use Only □ Receipt □ Address	