



President's Day Camp Spark - Igniting Knowledge!

February 15, 2021

REGISTRATION 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. MoLab is excited to offer our first session of President's Day Camp Spark, which will be held at Saint Paul's United Methodist Church at 1700 North Meridian Road, Tallahassee, FL 32303.

President's Day 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.

Presidential Science Discovery

Enjoy a day off school with MoLab as we delve into all things science - Presidential style. Get hands on with fun experiments that include using chemistry to clean Lincoln's face on a penny, build a Hoover Dam from Legos, discover how many water drops will fit on the nickel, explore geology and create your own Mt. Rushmore. Campers are sure to vote "yes" to this fun day of camp!

FEES:

Daily Camp fees are \$45 per day. 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:

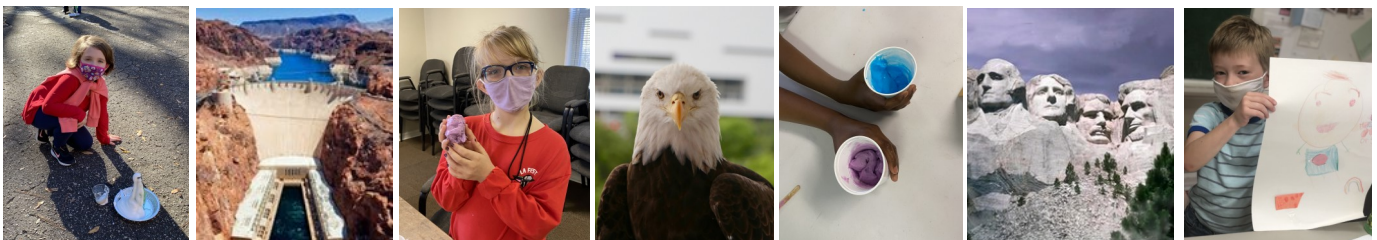
Please visit www.tallymolab.org to download the Camp Guidelines for additional details. Contact Aimee Hills at aimee@tallymolab.org or 850-591-6362 with questions or for assistance in registering.

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.



Camp Spark makes learning fun and links Science, Technology, Engineering, Art, and Mathematics (STEAM) concepts to the real-world.

CAMPER INFO (Please fill out 1 form per Camper)

| | | |
|--------------------|------------|-----|
| Camper's Last Name | First Name | Age |
|--------------------|------------|-----|

| | | |
|------------|-------------|-------------|
| Birth Date | School Name | Grade Level |
|------------|-------------|-------------|

PARENT/GUARDIAN INFO

| | |
|---------------------|------------|
| Parent #1 Last Name | First Name |
|---------------------|------------|

| | | |
|------------|------|------|
| Home Phone | Work | Cell |
|------------|------|------|

| | | | |
|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

| | |
|---------------------|------------|
| Parent #2 Last Name | First Name |
|---------------------|------------|

| | | |
|------------|------|------|
| Home Phone | Work | Cell |
|------------|------|------|

| | | |
|------------------|---|------------------|
| Parent # 1 email | / | Parent # 2 email |
|------------------|---|------------------|

| | |
|-------------------|-------|
| Emergency Contact | Phone |
|-------------------|-------|

| | |
|-----------|-------|
| Physician | Phone |
|-----------|-------|

SPECIAL INFORMATION

Please specify any medications, allergies, and/or special needs of which Camp staff should be aware.

Please check the boxes that apply and sign below.

1. My child has permission to attend field trips planned with some classes.
2. In case of an emergency, MoLab, Inc. has my permission to take my child to the hospital.
3. I give my permission for photographs and/or video images of my child to be used for marketing purposes.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

CAMP SESSION

| | |
|----------|--------------------------|
| February | 15 |
| | <input type="checkbox"/> |

Please check the boxes that apply to add Extended Care.

| | |
|-----------|--------------------------|
| Pre Camp | <input type="checkbox"/> |
| Post Camp | <input type="checkbox"/> |

Total Number of Pre/Post Camp Sessions: _____

CAMP TUITION

Total number of days attending Camp: _____

1st Sibling or Only Camper
(# of days X \$45) \$ _____

Additional Sibling Discount
(# of days X \$43) \$ _____

Pre & Post Camp Sessions
(total # sessions X \$5) \$ _____

Camp Tuition Total \$ _____

PAYMENT INFORMATION

Please check method of payment:

- Check # _____ Cash
- Credit Card Payments – All payments made via Credit Card must be paid online at www.tallymolab.org

PayPal Confirmation Number: _____

Name on Card or PayPal Account _____

Signature _____



For Internal Use Only

- DB SW QB Receipt Address

Campers will ignite knowledge as they explore the art of discovery!