

After-School Programs

By the World's Leading Fun Science Provider

Location: Georgetown Elementary Cafeteria
Dates: Wednesdays, 11/17 to 12/15 (no class 11/24)
Time: 3:40-4:40pm **Grades:** K-5
Cost: 4 weeks, \$58 **Registration Deadline:** November 15th
 REGISTER ON-LINE AT WWW.HUDSONVILLEPUBLICSCHOOLS.ORG OR RETURN FORM TO
 3886 Van Buren Street, Hudsonville, MI 49426
REGISTER BEFORE October 15th receive a free Mad Science T-shirt!

Let your child see just how cool science can be!

Tantalizing Taste

Exercise your sense of taste! Magnify your taste buds and unplug your nose. Compare flavors with your friends and try a carbonated test challenge. Sort out the scents in the **Scratch 'n Match** game!

Watts-Up

Charge up on static electricity! Make indoor lightning and conduct hair-raising experiments with our electrostatic generator. Use your **Static Stick** to test the movement of electrons in your home!

Harnessing Heat

Take on temperature! Shake up a storm and see how friction creates heat. Feel how hot and cold can change at a touch. Apply your red-hot knowledge on your very own **Heat Sheet**!

Wacky Water

Simulate the effects of an ocean oil spill, and develop creative techniques to clean it up! Create your own **Rescue Diver** tool while learning about water, waves, and the environment.

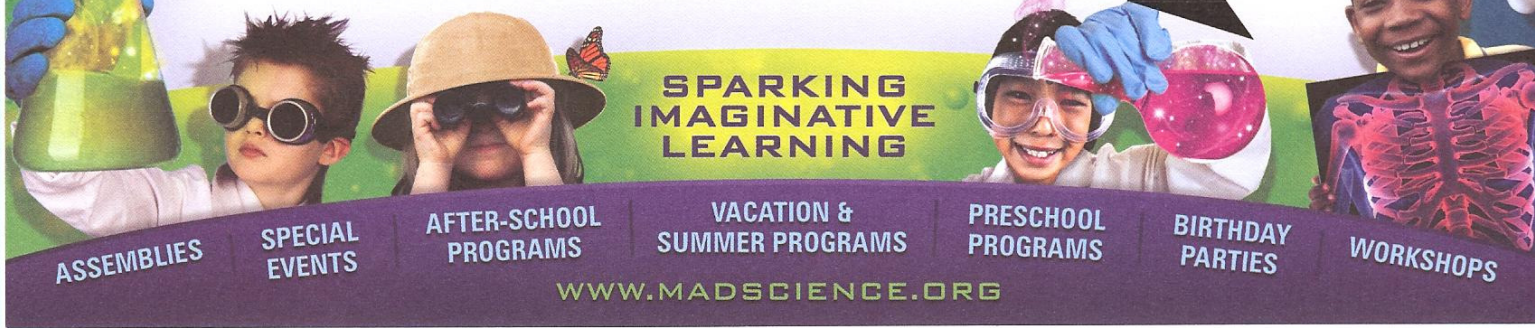
WWW.HUDSONVILLEPUBLICSCHOOLS.ORG OR 616-669-1740

This program is brought to you by Hudsonville Community Education

Location: **Georgetown Elementary**
 Contact: **Hudsonville Community Education** Phone: **616-669-1740**
 Child's Name: _____ Date of Birth: ____/____/_____
 Grade/Teacher: _____ email address: _____
 Parent(s)/Guardian(s): _____
 Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____
 Address: _____
 Cost \$58- 4 weeks
 I hereby give my child permission to remain after school for the Mad Science class.
 My child will be picked up after class by: _____
 My child will attend after-school day care at the school My child will be traveling home by his/her own means
 Health Concerns: _____
 Parent's Signature: _____ Date: ____/____/____

PAYMENT OPTIONS: Return Checks & Forms to
 3886 Van Buren Street, Hudsonville, MI 49426
 Check Make checks payable to: **Hudsonville Public Schools**

LOOK WHAT ELSE WE DO!



SPARKING IMAGINATIVE LEARNING

- ASSEMBLIES
- SPECIAL EVENTS
- AFTER-SCHOOL PROGRAMS
- VACATION & SUMMER PROGRAMS
- PRESCHOOL PROGRAMS
- BIRTHDAY PARTIES
- WORKSHOPS

WWW.MADSCIENCE.ORG