



Saturday Discoveries Registration Form

To be completed by parent or guardian.

- All required information must be complete before your registration is accepted. (Make a copy for your records.)
- Registration is complete upon receipt of completed form and full camp payment. Submit one form per child.

Session Limit: 18 Participants

October 1, 2016

LEGO Motion and Mechanics

Create powerful racers harnessing the potential energy of rubber bands and gear functions.

- Session 1 (9AM-12PM) Ages 8-12 Session 2 (1:30PM-4:30PM) Ages 8-12

November 5, 2016

Minecraft Art and Architecture

Use pixels and voxels to create vibrant pixel art and amazing structures.

- Session 1 (9AM-12PM) Ages 8-12 Session 2 (1:30PM-4:30PM) Ages 8-12

December 3, 2016

LEGO Robo Creatures

Create custom robotic creatures using WeDo kits as part of a lively mechanical zoo.

- Session 1 (9AM-12PM) Ages 8-12 Session 2 (1:30PM-4:30PM) Ages 8-12

January 7, 2017

Minecraft Chain Reactions and Redstone Contraptions

Tinker with wide variety of materials to create Rube Goldberg machine, in Minecraft and the real world.

- Session 1 (9AM-12PM) Ages 10-14 Session 2 (1:30PM-4:30PM) Ages 8-12

February 4, 2017

LEGO Stop Motion Animation

Build and capture exciting stories through the power of stop motion animation.

- Session 1 (9AM-12PM) Ages 10-14 Session 2 (1:30PM-4:30PM) Ages 8-12

March 4, 2017

Minecraft Villages, Cities and Space Stations

Explore the challenges of building thriving, ecological communities on earth, the Nether and beyond.

- Session 1 (9AM-12PM) Ages 10-14 Session 2 (1:30PM-4:30PM) Ages 8-12

Saturday Discoveries Registration Form

Camper's Name: _____

Camper's Date of Birth: _____ Camper's Age (at time of camp): _____

Parent / Guardian Name(s): _____

Museum member: Yes No If yes, member ID #: _____

Home address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Please list any adults (18+) who are authorized to pick up your child.

(Those picking up the child will be required to come into the museum, with a valid I.D., to sign out the child.)

Name: _____ Relationship: _____ Phone: _____

Alternate Phone: _____ Email Address: _____

Name: _____ Relationship: _____ Phone: _____

Alternate Phone: _____ Email Address: _____

Child's Physician: _____ Physician's Phone: _____

Please list any allergies the child has: _____

Please describe any relevant behavioral information regarding your child so we can accommodate his or her needs to provide the best experience possible _____

Fees: \$25 member/\$30 non-member

Form of Payment (circle one): Check VISA MC AMEX DISC

Make checks payable to Museum of Discovery

Card Number: _____ Exp. Date: ____/____

Signature: _____

Return form to: Museum of Discovery - 500 President Clinton Avenue, Ste. 150, Little Rock AR 72201
Phone (501) 537-3073 · Fax (501) 396-7054 · www.MuseumofDiscovery.org
For questions contact Beth Nelsen at bnelsen@museumofdiscovery.org