

**S.O.S. (Sciencing On Saturday). February 25, 2012 Family Pre-Enrollment Form.  
A Fundraiser for the OKCROBOT Robotics Club (OKC 4-H/Homeschool Robotics Team).**

Please **write legibly** in the spaces below:

Fathers Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

Email: \_\_\_\_\_

GRADE	Morning (Session 1): 9:00 – 11:30 AM	LUNCH	Afternoon (Session 2): 12:30 – 3:00 PM
1-2	Problem Solving	Pizza	Scientific Experiments
3-4	Scientific Experiments	Pizza	Lego Robotics
5-6	Lego Robotics	Pizza	Problem Solving

Child 1: Name: _____			Grade: _____	
Check desired session(s)	Morning: (\$15) <input type="checkbox"/> After Feb 17: (\$20) <input type="checkbox"/>	Lunch (\$5) <input type="checkbox"/>	Afternoon: (\$15) <input type="checkbox"/> After Feb 17: (\$20) <input type="checkbox"/>	

Child 2: Name: _____			Grade: _____	
Check desired session(s)	Morning: (\$10) <input type="checkbox"/> After Feb 17: (\$15) <input type="checkbox"/>	Lunch (\$5) <input type="checkbox"/>	Afternoon: (\$10) <input type="checkbox"/> After Feb 17: (\$15) <input type="checkbox"/>	

Child 3: Name: _____			Grade: _____	
Check desired session(s)	Morning: (\$10) <input type="checkbox"/> After Feb 17: (\$15) <input type="checkbox"/>	Lunch (\$5) <input type="checkbox"/>	Afternoon: (\$10) <input type="checkbox"/> After Feb 17: (\$15) <input type="checkbox"/>	

Use back of sheet if there are more than 3 children participating from the same family.

**INSTRUCTIONS:** Add up the dollar amount for each box checked, make non-refundable check out to: **OKC 4-H Robotics Team**. Send check and this completed form to: OKC 4-H Robotics, Attn: Larry McWilliams, 7713 Northgate Ave, Oklahoma City, OK 73162.

**NOTE:** Please pre-register early. **SPACE IS LIMITED.** If a session is full when a check is received, then the cost of that session will be refunded to the parent/guardian. Check <http://okcrobot.com/SOS> for availability. An email will be sent to the above email address to acknowledge receipt of check.

If I choose to leave my child(ren) during their session, I understand I may need to fill out extra insurance verification information on the day of this event, and I agree to promptly pick up my child(ren) when their last session is completed.

Parent Signature: \_\_\_\_\_