

Registration Form

(copy if necessary)

The Chemistry of Art

Summer Science Camp 2006

Camper's Name: _____

Male Female

School: _____

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

T-shirt size

Adult Small Adult Medium

Adult Large Adult X-Large

Payment

Check Money Order

(payable to Lourdes College)

Authorization

You have my permission to take photographs of my child during Summer Camp activities for publicity reasons.

Signature: _____

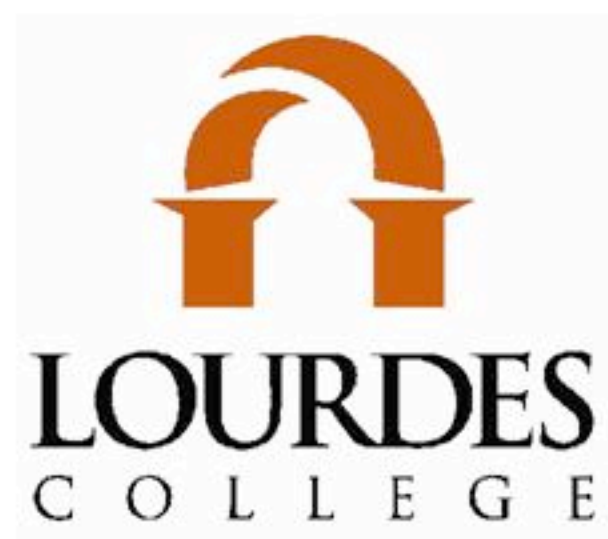
Please detach and mail or bring to:

Lourdes College Summer Science Camp

Elizabeth Wise, Ph.D.

6832 Convent Blvd.

Sylvania, OH 43560



Chemistry and Physical Sciences Department

6832 Convent Blvd.
Sylvania, OH 43560

Phone: 419-824-3705
E-mail: ewise@lourdes.edu



The Chemistry of Art Summer Science Camp 2006



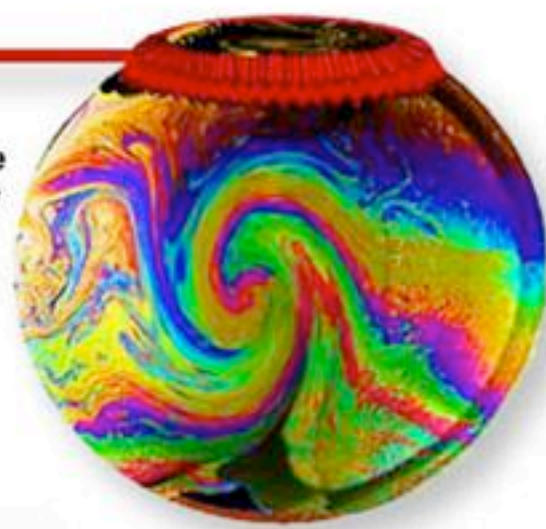
June 19-22
Grades 7-10

Chemistry and Physical Sciences
Department

Phone: 419-824-3705

The Chemistry of Art Summer Science Camp 2006

Soap Bubble
Interference
Colors



**How are
chemistry
and art
related?!**

Find out in this four-day summer camp!

- Learn about the nature of light and color
- Experiment with different paint media
- Discover the structure, properties, and art applications of polymers
- Study the chemical reactions that take place in the creation of frescos

Lab and studio activities are incorporated into the sessions.



Projects to Take Home!

- T-shirt of your design
- Shrinky dink
- Fresco



Reprinted with permission from Patricia Hill, Ph.D., presenter of the NSF workshop entitled "Chemistry of Art"

**For students who are entering grades 7-10
in Fall 2006**

**Classes are held 12:30-3:30 p.m. from June
19-22 (Monday-Thursday)**

COST: \$70.00

Questions?

Please contact Dr. Beth Wise, Chair of the Chemistry and Physical Sciences Department, at 419-824-3705.

Medical Release Form

Please fill this form out completely. A medical release form for each participant must be on record with the Chemistry and Physical Sciences Department before he/she may begin camp.

Physician's Name: _____

Phone Number: _____

Preferred Hospital: _____

Please list any allergies or concerns: _____

Alternate Contact Person: _____

Phone Number: _____

Insurance Company: _____

Insured's Name: _____

Carrier Name: _____

Carrier Address: _____

Certificate/ID#: _____

Group #: _____

I authorize Lourdes College staff to request medical treatment if unable to reach parent/guardian.

Signature: _____

Date: _____