

Registration Form

(copy if necessary)

Frescoes, Fingerprints, and Fun Stuff:

Summer Science Camp 2007

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.

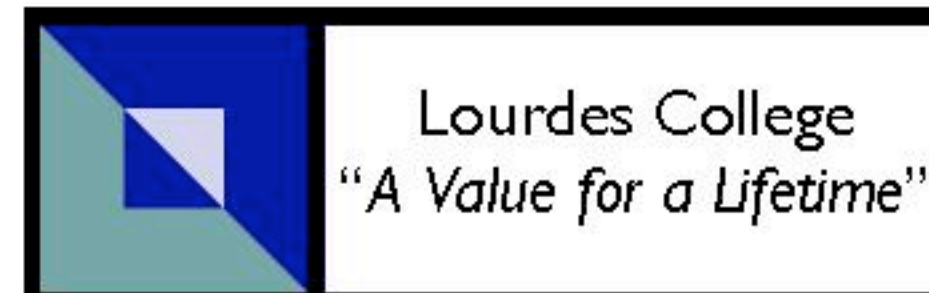
Sylvania, OH 43560



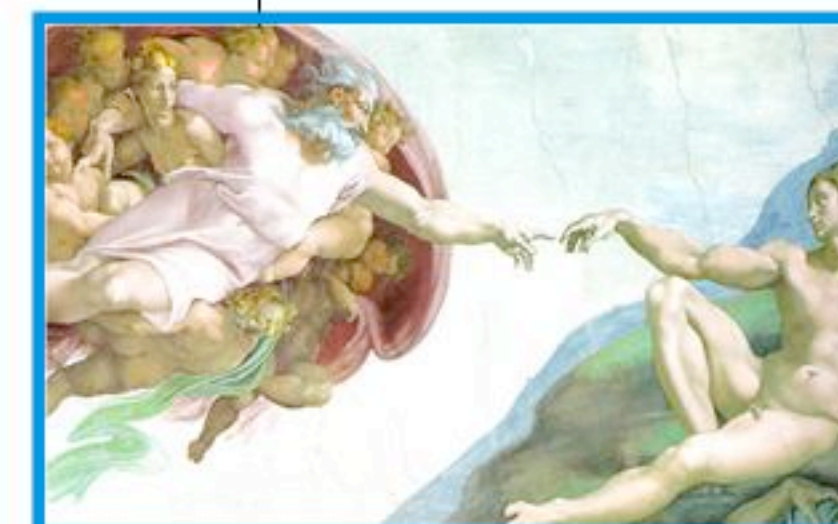
Department of Chemistry and Physical Sciences

6832 Convent Blvd.
Sylvania, OH 43560

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



Frescoes, Fingerprints, and Fun Stuff: Summer Science Camp 2007

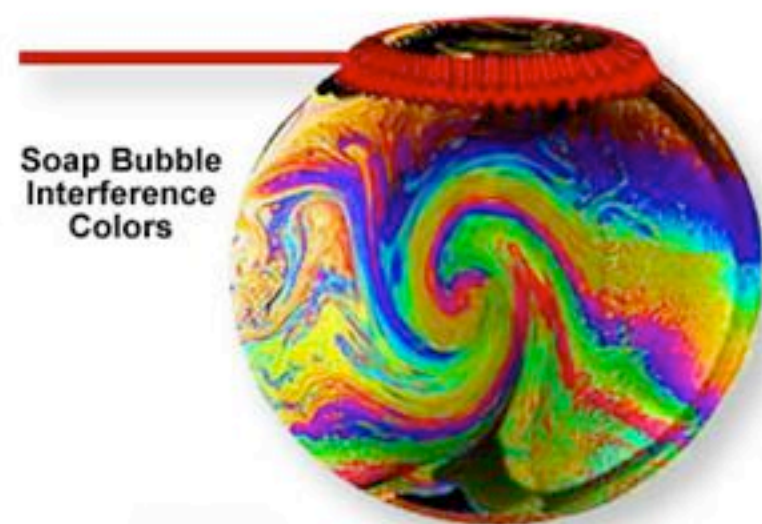


**June 25-28
Grades 5-6**

Department of Chemistry and Physical
Sciences

Phone: 419-824-3705

**Frescoes, Fingerprints,
and Fun Stuff:
Summer Science Camp 2007**



Soap Bubble
Interference
Colors

**Are you a
budding
scientist?!**

Find out in this five-day summer camp!

- Material/Surface Chemistry - experiment with instant snow, nylon, and bubbles
- Forensic Science - solve a crime, collect fingerprints, and test for blood type
- Chemistry and Art - study shrink art, create a fresco, and learn about photography
- Astronomy - view digital movies in the Lourdes College Planetarium and perform hands-on activities



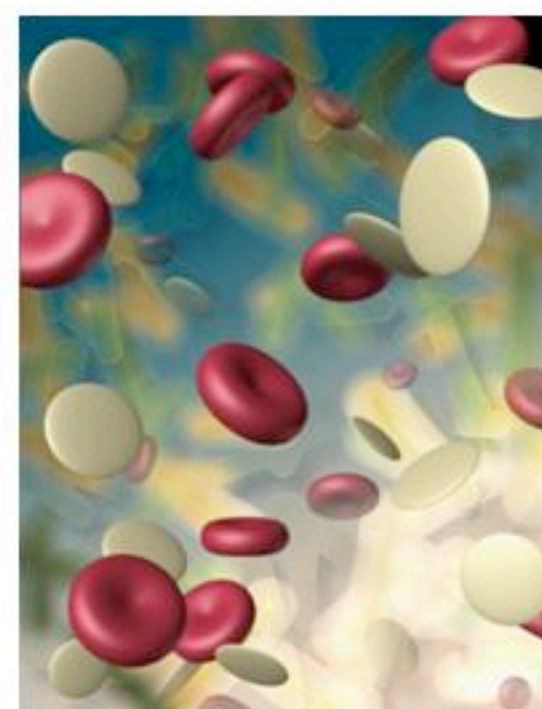
Projects to Take Home!

- T-shirt of your design
- Homemade super balls
- Shrinky dink
- Fresco



For students who are entering grades 5 and 6 in Fall 2007

Classes are held 12:30-3:30 p.m. from June 25-28 (Monday-Thursday)



COST: \$70.00

Scholarships are available - to apply, please submit a one-page typed essay on why you are interested in science

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 Science Departments 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: _____