



# HATS

## 2012 Junior Science Summer Camp



The Junior Summer Science Camp is a six-weekend session full of fun and creative learning experience for children to attend during this summer while their siblings are attending the regular HATS science camp. Goal of the camp is to enhance curiosity and increase comfort about science by exposure to simple scientific concepts and hands-on experiments.

This camp is a great opportunity for kids to:

- Participate in team-based projects
- Get hands-on experience and have fun.
- Explore scientific concepts
- Learn to work in teams and express their creativity and talent
- 'Mad Science' demonstrations

Format:

### GENERAL INFORMATION

Location	: <b>Classrooms</b> , Hindu Temple of Minnesota, Maple Grove
Date and Time	: Every Sunday (June 10, 17, 24, July 8, 15, 22) (1 PM – 3 PM) No session on 1 <sup>st</sup> July
Camp Fees	: <b>\$50</b> – All proceeds go to The Hindu Temple. Payable to the Hindu Society of MN
Age Req.	: Age 5-7 yrs. (Must have completed KG as of June 2012)
Capacity	: Max 20 students (Preference to parents who volunteer)
Contact/Inquiries	: Jaydeep Kokate - (763) 245 0454 <a href="mailto:jaykoka@yahoo.com">jaykoka@yahoo.com</a> Ramesh Dandu – (763) 898 0538 <a href="mailto:danduramesh@gmail.com">danduramesh@gmail.com</a>

Please mail registration form and check by May 15<sup>th</sup> 2012 or submit in person at HATS front desk every Sunday from 10AM to Noon till 20<sup>th</sup> May 2012.



**Junior Camp to be held only if we have at least 3-4 committed volunteers**



## HATS JUNIOR SCIENCE CAMP REGISTRATION FORM (Summer 2012)

**NOTE: USE 1 FORM PER FAMILY. Child must be in KG or up as of June 2011**

Admissions are first offered to children of parents who will be volunteering for the camp and then on as first come basis strictly up to 20 students. Dates of the Camp are Sunday June 10, 17, 24 and July 8, 15, 22 (2012). Time=1 pm-3 pm

**PAYMENT:** Check for \$50 PER CHILD PAYABLE TO “THE HINDU SOCIETY OF MINNESOTA”

**INFORMATION ON PARENTS:**

**Mother’s Name:**

**Father’s Name:**

**Mailing Address:**

**Email Address (es):**

**Landline Tel. No(s):**

**Cell No(s) for Emergency Contact:**

**Name of parent volunteering to help at the camp:** \_\_\_\_\_

**STUDENT’S INFORMATION:** Use additional forms if needed -

	CHILD 1	CHILD 2	CHILD 3
<i>Last Name</i>			
<i>First Name</i>			
<i>Gender</i>			
<i>Date of Birth (MM/DD/YYYY)</i>			
<i>Grade in regular school (as of June 2011)</i>			
<i>Name of Parent (or a designated adult) picking the child</i>			
<i>Medical Information (any allergies etc.?)</i>			
<i>Emergency Medical Contact Information (Physician Name and number)</i>			
<i>Any other info. you’d like us to have</i>			

**MAIL FORMS AND CHECKS TO:** Vishal Agarwal, 18583 – 63<sup>rd</sup> Ave N, Maple Grove, MN 55311.