Lighthouse Explorations

The following information needs to be turned in to your Teacher for approval 2 weeks prior to Explorations.

Date of Explorations:

Volunteer Name(s): _____

Phone: _____

E-mail: _____

Your Child's Teacher: _____

Does your child want to be in one of your sessions? Y N

Child's Name(s): _____

Grade Levels to work with (circle one) **K/1** **2/3** **4/5**

Title of Class: _____

Brief Description of class:

_____
_____
_____
_____

What will children learn/gain from this class? (Academic Tie-in):

_____
_____
_____
_____

If this is a food class, will there milk or peanuts in the ingredients? Y N

Do you need any of the following?

electrical outlet	sink	place for noise	
outdoors	table		
scissors	glue	overhead projector	

****NOTE:** *Explorations has a limited budget for reimbursement ($12 per Explorations). If you would like reimbursement, please turn your receipts and reimbursement form into the Exploration's Coordinator*. **

*If you have any questions or need ideas, please contact the Explorations Coordinator or your teacher/parent coordinator.

Teacher Approval: _____