Explorations

The following information needs to be turned in to your Teacher for approval two 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 are 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: Do NOT make any purchases and expect re-imbursement without first getting approval from the Explorations Coordinator.** *Explorations has a limited budget for re-imbursement. You may make purchases without approval if you don't plan to be re-imbursed*

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

Teacher Approval: _____