

# HOMESCHOOL WORKSHOP REGISTRATION



TO REGISTER—PHONE 215.448.1200 (OPT5) | FAX 215.448.1235

Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Day of Event Contact Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_ Member # (if applicable) \_\_\_\_\_  
1st child's name \_\_\_\_\_ Age \_\_\_\_\_  
2nd child's name \_\_\_\_\_ Age \_\_\_\_\_

Workshops are designed for children ages 7 – 14 only.

THEME	DATES	TIMES	ATTENDING
MESS FEST	October 13, 2016	10:30am-2:30pm	1st Child <input type="checkbox"/> 2nd Child <input type="checkbox"/>
SOLAR SCIENCE	November 10, 2016	10:30am-2:30pm	1st Child <input type="checkbox"/> 2nd Child <input type="checkbox"/>
NEWTON'S LAWS OF MOTION	December 8, 2016	10:30pm-2:30pm	1st Child <input type="checkbox"/> 2nd Child <input type="checkbox"/>
THE GIANT HEART	February 9, 2017	10:30pm-2:30pm	1st Child <input type="checkbox"/> 2nd Child <input type="checkbox"/>
ROBOT REVOLUTION	March 9, 2017	10:30am-2:30pm	1st Child <input type="checkbox"/> 2nd Child <input type="checkbox"/>
KITCHEN SCIENCE	April 6, 2017	10:30am-2:30pm	1st Child <input type="checkbox"/> 2nd Child <input type="checkbox"/>
TECH STUDIO	May 11, 2017	10:30am-2:30pm	1st Child <input type="checkbox"/> 2nd Child <input type="checkbox"/>

## WORKSHOP FEES

PER SESSION:

## MEMBER

\$55 per child

## NON-MEMBER

\$60 per child

**BOOK ADDITIONAL WORKSHOPS THIS SCHOOL YEAR AND RECEIVE \$5 OFF FOR EACH WORKSHOP PER STUDENT.**

## PARENTS ATTENDANCE

The Franklin Institute offers you, and accompanying children under 7, to be a part of our Homeschool Days!

- \$15 PER ATTENDEE PER WORKSHOP** \_\_\_\_\_ **# OF ATTENDEES**  
will give you, and accompanying children, access to permanent exhibits or to observe the workshop.

## PAYMENT OPTIONS

Please make checks payable to The Franklin Institute. Mail To: The Franklin Institute, Attn: Reservations, 222 North 20th Street, Philadelphia, PA 19103.

Please Check One:  VISA  MC  AMEX  DISC

Amount charged \_\_\_\_\_ Credit card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name of cardholder \_\_\_\_\_ Signature of cardholder \_\_\_\_\_

*\*Please note: A \$15 fee will be assessed for returned checks.*