



# Amazing Minds



Each session we will study a different country's geography, language and culture.

A 1st & 2nd Grade After School Enrichment Program

Learning made fun! Come explore this exciting after school program open to all 1st and 2nd graders who love to learn. Amazing Minds offers a variety of interactive topics (which change each session) that will expand your child's knowledge of the world and reinforce their academic skills. Math will become more than memorizing facts, as youngsters shop in a simulated grocery store. The mysteries of science will take on new meaning as children investigate owl pellets, build a tornado in a bottle or find out how to make raisins bounce. Reading and writing will become more natural, as children write about New York landmarks or perform a skit about the water cycle. Finally, geography becomes more magical than a spot on the globe, as students excavate hidden treasures from an ancient Egyptian tomb, or sample ethnic cuisine from China or Italy.

**At Country Meadows School** **Fee**  
**Tuesdays January 24 - April 3** **\$148**  
 8 Weeks No Class January 31, March 20 & 27  
 Cancellations will only be refunded if the spot can be filled to meet class minimum requirement.  
**Multipurpose Room**  
**3:05 - 4:05 p.m.** For more information call Erika Strojinc at (847) 850-2133.

Return Registration to the Buffalo Grove Park District by fax to: (847) 459- 5741  
 or by mail to: 530 Bernard Drive Buffalo Grove, IL 60089

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Parent contact phone number after school (\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Parent's e-mail \_\_\_\_\_ My child will:  be picked up  walk home  
 Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Payment** (Payable to Buffalo Grove Park District)  
 Class # 35149  
 Cash  Check  Credit Card (V/MC/ Discover)  
 Name on Card \_\_\_\_\_  
 Card Number \_\_\_\_\_ Exp \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

### Waiver and Release of All Claims - Must Be Signed By Parent

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participant in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). **Photo Disclaimer:** Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their children for publication in the program brochure, web site and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their children.

I have read and fully understand the program details and waiver and release of all claims.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_