



Please print this form, fill it out and mail or FAX with payment. Full scholarships for all classes are available to families eligible for the free or reduced fee lunch program. Call 612.824.4394 or write to info@leonardosbasement.org with questions.

WINTER CLASSES FOR KIDS

Spring Break (school release days, March 30 - April 3 and April 6 - 10.)

Two different art, invention, crafts and technology projects each day. Class groups separated by age. Girls and boys ages 6-16.

\$35 for one half-day class | \$70 for two half day classes (bring a lunch!)

Monday, 9:30-noon _____ Monday, 12:30-3:00 _____ Tuesday, 9:30-noon _____ Tuesday, 12:30-3:00 _____
Wednesday, 9:30-noon _____ Wednesday, 12:30-3:00 _____ Thursday, 9:30-noon _____ Thursday, 12:30-3:00 _____
Friday, 9:30-noon _____ Friday, 12:30-3:00 _____ Total class fee \$ _____
Extended Care, \$5 per AM (8:00-9:30) or PM (3:00- 4:30) session per day. # sessions _____ x \$5 = \$ _____

Table with 4 columns: Class name, Dates /times, Class Fee, x # kids = Total. Rows include After school classes (Mondays, Wednesdays, Fridays) and Saturday open Shop (Session I, Session II).

Young builders and an adult
This class for girls and boys ages 4-5 is an exciting introduction to the wonderful world of art and building at Leonardo's Basement and a great chance to build with your child.
Mondays, 10:30-11:30, April 13, 20, 27, May 4 \$50

WINTER EVENTS FOR FAMILIES

Open House
Explore Leonardo's Basement for the first time or a repeat visit. Building fun for all ages!
Sunday, March 29, 1:00-3:00 FREE
Sunday, May 10, 1:00-3:00 FREE

I would like to make a tax-deductible contribution to the Leonardo's Basement Scholarship Fund. \$ _____

TOTAL ENCLOSED \$ _____

Pay with credit card or check payable to Leonardo's Basement and mail to: 4301 Nicollet Avenue S., Minneapolis MN 55409 or send via FAX to 612.822.3515.
Credit Card No. _____ Expiration date _____
Name on card _____ CCVN (three digits after signature) _____

Child name _____ Age _____ School name _____
Child name _____ Age _____ School name _____
Parent / Guardian _____ Email address _____
Tele (h) _____ (cell) _____ (w) _____
Address _____ City _____ Zip _____
Parent / Guardian _____ Email address _____
Tele (h) _____ (cell) _____ (w) _____
Address _____ City _____ Zip _____
If parent can't be reached, call _____ Relationship _____ Phone _____
Physician's name and phone _____ Allergies, medications or conditions _____

I authorize staff at Leonardo's Basement to give my child first aid and to transport my child to a health care facility if emergency medical treatment is needed.

Signature of parent or guardian _____ Date _____