

Putnam explorers

Grades 2 - 5



\$13 per program • \$10 (Putnam Members)
4 - Program Fall or Spring Season: \$45 • \$37 (Putnam Members)
NOTE: You can sign up for both Fall and Spring Season at the same time if you wish.

Dig It!

Saturday, September 10 • 9:30 to 11:30 am

Do you like to dig? Guess who else does? Paleontologists! They're digging for dinosaurs. Learn all about dinosaurs by studying the fossils paleontologists have dug up for us.

Cooking Concoctions

Saturday, October 1 • 9:30 to 11:30 am

Experiment with ordinary kitchen items and discover what people throughout the world eat! Participants will tour the exhibit Hungry Planet.

Fizz, Bang, BOOM!

Saturday, November 5 • 9:30 to 11:30 am

... And snap, crackle, pop! Learn all about chemistry and make some noise at the same time!

Pirates & Princesses

Saturday, December 3 • 9:30 to 11:30 am

Calling all royalty and sea travelers! Discover what treasures and creatures lie beneath the ocean floor. Come dressed as a pirate, a princess OR a princess pirate! Participants will tour the exhibit SHIP-WRECK! Pirates & Treasure.

Under Construction

Saturday, January 7 • 9:30 to 11:30 am

This site is under construction while we build lots of fun things and learn about what it means to be an engineer!

Microbes

Saturday, February 4 • 9:30 to 11:30 am

Learn all about microbes, the good, the bad, and the ugly! Just how big a part our lives are microbes? Come and see!

The Beatles... with two "E's"

Saturday, March 4 • 9:30 to 11:30 am

We're not talking about the band; these beetles make a different kind of music! Come learn all about these creepy crawlies and how they help the environment!

Illusions

Saturday, April 1 • 9:30 to 11:30 am

Did you see that?! Was it real?! Learn all about the science of illusions and how to create your own!

examine • investigate • create • invent

Please return the completed form with payment or call 563-324-1933 to register by phone.
For questions call 563-336-7296.

Child's Name(s): _____ Age/Grade: _____ Member: Y / N

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Fall Season (September-December) _____ (\$45, \$37/Members) Spring Season (January-April) _____ (\$45, \$37/Members)

Individual Class September 10 _____ October 1 _____ November 5 _____ December 3 _____

January 7 _____ February 4 _____ March 4 _____ April 1 _____ (\$13, \$10/Members)

Credit Card #: _____ Exp: _____

Signature: _____

Make checks payable to: Putnam Museum and mail to: Putnam Museum, 1717 W. 12th St. Davenport, IA 52804
See reverse for liability waiver and photo release.

Scholarships available thanks to funding provided by:
Doris & Victor Day Foundation, Rauch Family Foundation II, Inc., Rock Island Community Foundation

Preregistration required for all programs. Limited number of reservations available. Scholarship resources may also be available. Contact Alice Loff, Group Sales Coordinator at 563.336.7296 or email aloff@putnam.org for more information. Register online at www.putnam.org



Putnam Museum & Science Center, 1717 W. 12th St. Davenport, IA 52804 | 563.324.1933

PUTNAM MUSEUM & SCIENCE CENTER LIABILITY WAIVER AND PHOTO RELEASE

I, (print) _____, the parent/legal guardian of (print) _____, give my express permission for him/her to participate in any of the activities of the program in which he/she is enrolled. I release the Putnam Museum & Science Center, its directors, instructors, employees, and volunteers from any and all liability which may arise from participation or observation of said program and activities. This is a general release of all possible claims of every kind against the Putnam Museum & Science Center, and this release shall be interpreted liberally to effectuate maximum protection for the Putnam Museum & Science Center. In the event there arises an emergency necessitating medical attention, I understand that every possible attempt will be made to reach me immediately. However, if I cannot be reached, I hereby consent and give my permission to the Putnam Museum & Science Center staff, instructors or any attending physician to make such decisions and perform such medical treatment upon said minor which may be necessary and proper under the circumstances. In addition, I give my permission for any staff member to seek and/or request transport for this medical attention for my child if I cannot be reached. It is the intention of this release that the above named individuals incur no liability whatsoever while attending the responsible and necessary treatments that may be needed by said minor.

Signature of Parent and/or Guardian

Date

Special Instructions(dietary,special needs,medical): _____

I give permission for my child's likeness and/or work to be photographed during the program for use in publications, media advertising, or the Museum's annual reports without compensation.

Telephone number where I may be reached during this time: _____