



R.A.D. L.A.B.S.

Science Program

SPRING 2023

SPRING SESSION: MAY 6TH – JUNE 17TH

(there will be no class on 5/27/23)

Meets Daily: 9:30 a.m. – 11:00 a.m.
at the Yellow House

(554 South Main Street) across from Cheshire High School.

Sat. May 6 th	Theme: The Science of Science
Sat. May 13 th	Theme: Candy Chemistry
Sat. May 20 th	Theme: Sink or Float?
No class on Sat. May 27 th (Memorial Day Weekend)	
Sat. June 3 rd	Theme: Our Five Senses
Sat. June 10 th	Theme: Science in a Jar
Sat. June 17 th	Theme: Mad Scientist Day



What is R.A.D. L.A.B.S.?

It is an educational based program for 3rd – 5th graders to discuss and learn about scientific topics with high school mentors outside of the school classroom. Through group discussions, hands on experiments, demonstrations, and fun group activities, the students will begin to develop and enhance their interest in the sciences.

Program Cost:

\$55.00 for

Cheshire residents*

\$60.00 non-residents

*Financial assistance is available for Cheshire residents who qualify, please contact our office for more information.

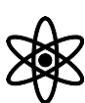
Positive aspects of program:

- Encourages enthusiasm about science
- Hands-on learning and experiments
- Improves understanding of the world and how it works
- Guides students to come to their own conclusions & improves critical thinking.
- Improves peer to peer communication skills

Cheshire Youth Services

Attention: RAD LABS

84 South Main Street



Please return the Registration Form & Payment no later than **Monday, April 17, 2023**

PLEASE NOTE: Space is limited to 12-15 students (based on number of teen volunteers).

For more information please contact at Cheshire Youth Services at (203) 271-6691
or send an email to yellowhouse@cheshirect.org



TOWN OF CHESHIRE
DEPARTMENT OF HUMAN SERVICES
YOUTH SERVICES DIVISION



84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410
Telephone (203) 271-6690 FAX (203) 271-6626
Website: <http://www.cheshirect.org/youth-services>

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REGISTRATION/PERMISSION FORM

Please complete this form and return it with a check payable to Cheshire Youth Services for \$55.00 (residents) or \$60.00 (non-residents) by **Monday – April 17th, 2023** to: Cheshire Youth Services, 84 South Main Street, Cheshire, CT 06410.

Note: There is limited space (maximum of 15 students, based on registered teen volunteers) for this program so send your registration form and payment in early. Forms received after space has been filled and students who are repeat participants will be put on a waiting list and may have the opportunity to participate in the next session.

Student's Name: _____ **Grade:** _____ **Gender:** _____

→ **Please select your child's school:**

____ Chapman ____ Doolittle ____ Highland ____ Norton ____ St. Bridget's ____ Other: _____

Parent/Guardian Name(s): _____ **Primary Cell ph.:** _____

Home Address: _____ **Home Ph.:** _____

Parent/Guardian E-Mail: _____ **Secondary Cell ph.:** _____

Emergency Contact Name: _____ **Home Ph.:** _____

Contact's Relationship to Child: _____ **Cell ph.:** _____

Please list any medical problems or allergies that our staff should be aware of. _____

I/WE, _____ give permission for _____ to participate in the Cheshire Youth Services RAD LABS program. I/WE are aware of the purpose and scope of this activity and accept responsibility for the normal and general risks involved in this activity. If it is necessary for my child's health to have emergency transportation and medical care administered, I give permission for the Program Supervisor to authorize this care for my son/daughter if I am unable to do so.

Please list any insurance and medical practitioner information that will assist the Program Supervisor in obtaining prompt medical treatment for your child below.

(Parent or Guardian Name - Printed)

(Parent or Guardian Signature)

(Date)



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DEMOGRAPHICS (Please check one in each category):

Note: We provide certain demographic information from this form to the State of CT Department of Education, Department of Children, Youth & Family Services and Court Support Services Division for statistical data and research purposes. All names and personal information is kept confidential.

Student's Name: _____ **Gender:** _____ **Age:** _____

School: _____ **Grade:** _____

Family:

Race:

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/ Pacific Islander
- _____ Multi Racial
- _____ White/Caucasian

Ethnicity:

- _____ Hispanic/Latino
- _____ Non-Hispanic/Non-Latino

- _____ 2 Birth Parents
- _____ Adoptive Parents
- _____ Step & Birth Parent
- _____ Single Parent Female
- _____ Single Parent Male
- _____ Grandparent
- _____ Relative/Guardian
- _____ DCF (Dept. of Children & Family)
- _____ Foster Parent
- _____ Joint Custody
- _____ Other

____ RAD LABS SPRING 2023 _____ RAD LABS SPRING 2023 ____

Student Photo Release

Occasionally, pictures and/or video are taken during Cheshire Youth Services programs and events. Some of these pictures may be used in newsletters, flyers and advertisements, put on the official Cheshire Youth Services/Yellow House and Town websites, Official CYS/Yellow House Facebook or Shutterfly Website, or used in local newspapers. This portion is to be completed by a parent/legal guardian, unless the student is over 18 years of age; and returned to Cheshire Youth and Social Services.

_____ I **DO** give permission for my child's picture/video to be taken for use in local newspapers, Cheshire Youth Services newsletters and flyers, CYS or Town website, CYS official Facebook/Shutterfly, local newspapers, advertisements, etc.

_____ I **DO NOT** give permission for my child's picture/video to be taken for use in local newspapers, Cheshire Youth Services newsletters and flyers, CYS or Town website, CYS official Facebook/Shutterfly, local newspapers, advertisements, etc.

Child's Name **Age** **Birthdate** **Grade** **School**

Parent/Legal Guardian Name (signature) **Date** **Parent/Legal Guardian Name (print)**