

Discovery Club

SESSION 6

Ages (Pre-K)

Roudenbush Children's Center at Nab

170 Plain Road - Westford, MA



Mini Med School



(Learning about our bodies and keeping them healthy)



Child's Name _____ Age _____

Address _____

Mother/Guardian _____

Father/Guardian _____

Work/Home Phone _____ Cell _____

Email _____

ALLERGIES _____

WEDNESDAYS FROM 11:45 AM TO 2:00 3/11, 3/18, 3/25, 4/1

COST: \$100

Pizza, drink and dessert available for an additional \$5.00/day CASH ONLY
A one-time, non-refundable \$25 registration fee will be charged for students who are not currently in-house.

Parent/Guardian Signature _____

Date _____