

# Coding/Robotics Program

July 9<sup>th</sup>-13<sup>th</sup>



3<sup>rd</sup> – 5<sup>th</sup> Grades, 8:30 – 11:30 A.M.

6<sup>th</sup> – 8<sup>th</sup> Grades, 12:00 – 3:00 P.M.



Cost: \$125 \*Each session will be limited to 12 students.

This week will be packed with many exciting things including coding plugged and unplugged, Dash and Dot Robots, Sphero, Ozobots, Scratch, Bloxels, and much more. The sessions will include learning to program your own personal game and more! With only 12 students in each session, your child is sure to have plenty of time learning and interacting with each of these robots and coding games.

Please fill out and return this form to St. Joseph Catholic School in a sealed envelope marked, "Attention: Jennifer Terrill." If you are enrolling more than one child, please fill out additional forms; checks can be combined into one payment. **Please make all checks payable to Jennifer Terrill.**

Child's Name: \_\_\_\_\_

Upcoming Grade: \_\_\_\_\_ Shirt Size: (circle one) YS YM YL AS AM AL

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any special medical problems I should be aware of:

Parental Consent:

The undersigned parent or guardian understands that the applicant will be engaging in activities that may result in physical injury. St. Joseph School, its directors and employees, will be released from any and all liability from personal injury. I hereby give permission for my son/daughter to participate in Robotics/Coding Program and be treated by a licensed physician in the event of injury. I hereby give my permission for emergency treatment in the event that I cannot be reached. Furthermore, I agree to pay for this service.

\_\_\_\_\_  
Parent Signature/Date