

MAKERSPACE CAMP

DO YOU LOVE MAKING AND CREATING THINGS?
DO YOU HAVE A THING FOR BOX FORTS AND
BUILDING ARCADE GAMES? THEN MAKERSPACE
CAMP IS FOR YOU!



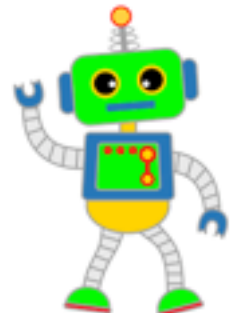
2ND-6TH GRADE STUDENTS

WHO: INCOMING 2ND-6TH GRADE STUDENTS
WHEN: JULY 12TH-15TH
WHERE: SUNNYVALE MIDDLE SCHOOL
TIME: 9:30-2:30
COST: \$120

LEARN HOW TO THINK CRITICALLY ABOUT THEIR WORK WITH THE INFINITE POSSIBILITIES OF STEM BASED PROJECTS. STUDENTS WILL ENGAGE IN CARDBOARD FORT BUILDING, ARCADE GAME DESIGN, AND OTHER STEM BASED AND MAKERSPACE ACTIVITIES. LIMITED TO THE FIRST 50 APPLICANTS DUE TO COVID RESTRICTIONS.

PLEASE RETURN REGISTRATION
FORM AND PAYMENT TO YOUR
CHILD'S SCHOOL BY MAY 28TH.

REGISTRATION IS ON THE BACK



REGISTRATION FORM FOR "MAKERSPACE CAMP."

STUDENT'S NAME _____
GRADE (20-21) _____

PARENT'S NAME

ADDRESS

PHONE

PARENT'S EMAIL

SPECIAL MEDICAL NEEDS/ALLERGIES/DIETARY RESTRICTIONS:

GENERAL LIABILITY/TRAVEL WAIVER:

I, THE UNDERSIGNED PARENT OF _____, IN CONSIDERATION FOR THE PARTICIPATION OF MY CHILD IN THE "MAKERSPACE CAMP" UNDER THE SUPERVISION OF THE CAMP STAFF WILL NOT HOLD SUNNYVALE ISD OR AND THE STAFF INVOLVED FOR ANY DAMAGES, LOSSES, OR INJURIES THAT MIGHT RESULT IN MY CHILD'S PARTICIPATION IN THE CAMP AND TRAVEL BY SISD BUS. IN MAKING THIS STATEMENT, I HEREBY ASSUME THE RISK OF SUCH PROGRAM AND DO SO WILLINGLY WITH RESPECT FOR MY CHILD. I HEREBY GRANT PERMISSION FOR THE CAMP STAFF TO SECURE MEDICAL SERVICES FOR THE ABOVE CHILD, ONLY IF ABSOLUTELY NECESSARY AND EXPRESSLY WAIVE ALL CLAIMS FOR MEDICAL EXPENSES, LOSS OF SERVICES, OR OTHER CLAIMS.

PARENT/GUARDIAN:

DATE

STUDENT:
IN ORDER TO PROMOTE SAFETY, I AGREE TO OBEY ANY AND ALL RULES OF CONDUCT FOR PARTICIPATION IN ALL ACTIVITIES OF THE "MAKERSPACE CAMP" HELD FROM JULY 12- JULY 15, 2021.

STUDENT SIGNATURE _____

DATE _____

- *PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO RESERVE YOUR SPOT IN CAMP!
- *CHECKS OR CASH. CHECKS MADE PAYABLE TO **CAROLYN BAKER**.
- *ALL REGISTRATIONS MAY BE TURNED INTO THE FRONT OFFICE AT THE INTERMEDIATE SCHOOL OR THE ELEMENTARY SCHOOL.
- *EACH CAMPER WILL NEED TO BRING HIS/HER OWN SACK LUNCH AND DRINK DAILY.

IF YOU HAVE ANY QUESTIONS, YOU CAN CALL CAROLYN BAKER OR ANGELA TEEL @ 972-226-2922 OR EMAIL AT CAROLYN.BAKER@SUNNYVALEISD.COM OR ANGELA.TEEL@SUNNYVALEISD.COM