

Mobile Minds of NJ

Student Name _____ Date _____

**Princeton Makers & Innovators STEAM Saturday's
Registration at The Community Well, 2688 Main St., Lawrenceville, NJ
08648**

Myths and Fairytales...create a story with Robots

Open to grades 2-8

Have you ever traveled to a mythical land? Imagined one? In our class you will have the opportunity to create one and take your little robot on a tour. Learn to code and build/design your own imaginary land using clay, paint, paper mâché and much more.

Our six-week course is designed to teach students:

Science: Apply the scientific method, explore the light color spectrum, patterns, and communication methods.

Technology—Coding: Analyze problems and design algorithms to program robot actions, use logic, and develop reasoning.

Engineering: Line following, sensors, calibrate the robot, navigate mazes, and explore engineering principles.

Arts: Colors, patterns, drawing, music, and also writing, timelines, storytelling, and creating presentations.

Math: Reason abstractly and explore the number line, fractions, probability, solving real world problems, geometry, angles, curves, diameter, distance, time, measuring and variables.

Open to grades 2-8

Tuition: **\$195** for the 6 weeks. Plus a non-refundable **\$10** registration fee. No tuition refunds after 10/07/19. Registration is **limited to 20 spots!** First come first serve then a waitlist.

Checks are payable to **Mobile Minds of NJ**

Payments can also be made online at www.mobilemindnj.org through PayPal.

Contact: 609 557-7325 or mobilemindsofnj@gmail.com, ask for Mrs. Saunders

Mobile Minds of NJ

Student Name _____ **Date** _____

Please Print

Parent/Guardians _____

Please Print

Parent/Guardians _____

Home Phone _____ Mother Work# _____

Father Work# _____

Cell Phone# _____ Email _____

Residence Address _____

City _____ ZipCode _____

Mailing Address if different _____

Participants Name First _____ Last _____ Middle _____

Birth Date _____ Race _____ Sex M or F _____

Grade 2019/2020 _____ Weight _____ Height _____ AGE _____

Does your child have an IEP? Yes or No _____

Does your child require accommodations? Yes or No _____

Please fill out a separate application for additional participants.

Name of School the child attends _____

Mobile Minds of NJ/SEAL Academy will not assume responsibility for any injuries incurred while participating in any events sponsored by Mobile Minds of NJ. Certain risks of injury are inherent during participation in these activities. Mobile Minds of NJ does not provide medical insurance for these activities. Nor will Mobile Minds of NJ be responsible for any lost or stolen items while program participants are using the facilities. I the undersigned do hereby release officers, staff, location site, sponsors or representatives from any and all claims for injury, loss, or damage my child may suffer as a result of their participation, including any injury caused by the negligence, if any, of Mobile Minds of NJ officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to Mobile Minds of NJ to seek proper treatment for above named. In absence of signature, participation in the program shall constitute acceptance of the conditions set forth in the release. There will be no refunds given after the start of the program.

Parent/ Guardian Print _____

Parent /Guardian Signature _____ Date _____

Mobile Minds of NJ

Student Name _____ **Date** _____

EMERGENCY INFORMATION MUST BE INCLUDED WITH EACH REGISTRATION.

Participant Name

Last First Middle
DOB _____ Sex: M or F

Home Address _____ Home Phone _____

LOCATIONS PARENTS/GUARDIAN CAN BE REACHED IF NOT AT HOME

Parent 1 Name

Hours Cell Phone/Office Phone
Parent 2 Name

Hours Cell Office Phone

NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:

Name

Address _____ Phone _____

In case of emergency, accident or serious illness to the participant named on this card in which medical treatment is required, I (parent/guardian) request Mobile Minds of NJ to contact me. If the program is unable to reach me, my signature below authorizes Mobile Minds of NJ to exercise their judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, Mobile Minds of NJ may make whatever arrangements are necessary or transport the participant to a hospital emergency room. In addition, I give permission for the above registered participant to be **photographed /videotaped** during this program by a representative of Mobile Minds of NJ. I understand that the photographs/videotapes will be used by Mobile Minds of NJ for the purpose of promoting Mobile Minds of NJ programs and services, and that no compensation will be offered to the child or family.

Parent/Guardian Signature _____

Date _____

Remarks

Does this student have any major or unusual health conditions? Yes No If yes, please specify

Allergies _____ Other

Conditions _____

Local Physician's Name _____ Office Phone

IMPORTANT NOTE: Please notify Mobile Minds of NJ immediately concerning changes to any information listed on this form.

Pick Up Authorization Form

In order to provide the safest possible conditions for all children:

For your child's safety, a valid ID authorizes your child's release to the names on the back of the card. Name on pick up authorization must be identical to driver's license. Participants will not be released without a State ID and NO OTHER FORM OF IDENTIFICATION WILL BE ACCEPTABLE. If you need an emergency participant pick up, you must send a note or call the camp office at (609) 557-7325 (include the person's name, relationship, and phone number).

PLEASE PRINT ALL NAMES

I hereby authorize my child listed below:

Child's Name First Last

To be picked up by:

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

If there are any changes in these arrangements, I will give advance written notice. Participants must be picked up at the class room. No participant will be released from any other area. Parent or guardian is responsible for providing Mobile Minds of NJ with any documents regarding visitation/Pick-up restrictions.

Mobile Minds of NJ

Student Name _____ Date _____

Participant Code of Conduct

Participant Name (please print) _____

I will always have the opportunity to meet with the director or other administrators to tell my side of any incident that is being reported to the office. I will report any problems that I am having in class or with any staff member to the director.

1. I will remain in the class/program at all times and will not leave the building without a class administrator's permission.
2. I will not bring expensive jewelry, electronic games, cellphones and trading cards or comics to class. If a participant brings valuables, Mobile Minds of NJ is not responsible for lost or stolen items.
3. I will respect class property. I will not chew gum in class. If I willfully destroy property or equipment, monetary reimbursement will be required.
4. I will obey fire drill safety and never pull or play with a fire alarm.
5. I will respect the safety of everyone in class and will obey all rules.
6. I will respect personal property of other participants and staff and not take anything that doesn't belong to me.
7. I will respect the class staff and follow instructions. I will not run away from my group or instructors. I will move about the corridors in a quiet and orderly fashion and not linger or wander between classes.
8. I will be a good class friend and not fight or instigate a fight. I will not hurt anyone with unkind words or actions. Any object that may hurt or place another person in fear of his/her safety may be considered a weapon and is cause for serious disciplinary action that could include immediate expulsion from class. The class/program director will investigate and resolve any safety issue immediately.
9. I will show respect for everyone INCLUDING MYSELF, and only use appropriate language and gestures in class.

Mobile Minds of NJ

Student Name _____ **Date** _____

10. I will obey Internet safety rules as instructed by my instructor. Failure to obey Internet safety may include immediate expulsion from class.

Parent/Guardian Signature & Date

Participant Signature & Date

Commitment Pledge by Parents/Guardians:

Attendance

- We believe that our child's attendance and timeliness are vitally important to his/her success in school and the PM&I program.

We will make sure that our child has a safe and reliable means of transportation to and from class each day. We are fully committed to a 6 week Saturday schedule.

- We will not plan for family vacations or other extended absences to occur during the program in October and November.
- We will make certain that our child attends class every Saturday, except in cases of illness or another legitimate reason.
- We will telephone the camp administrator **prior to 9:30 a.m.** on the day of any absence to report the child is out.
- We will not schedule routine doctor and dentist appointments during the camp hours. We will try to schedule appointments on days or at times when class is not in session.
- We will see to it that our child arrives on time each morning, and fully understand that lateness will result in loss of educational time.
- We understand that 2 or more absences will hinder progress and the group in the program.
- We have read, understand the terms and conditions to participate with Mobile Minds of NJ including all its rules, rewards and disciplinary consequences.
- We understand there are **no refunds** for this program.
- We understand that we are not required to sign this contract as a term of our child's admission to the Princeton Makers and Innovators Steam Saturday's program, but do so voluntarily because we believe that this is a partnership between parents and educators in creating the best possible education experience for our child.

Parent Signature _____ Date _____