



Calling Fourth-Sixth Grade Students

LEGO ROBOTICS CAMP



WHEN: July 15th-19th, 2019 **TIME:** 9:00-3:00 M-F

WHAT: For students entering 4th, 5th, and 6th grades in the fall: A Lego Robotics Camp sponsored and run by the NEOHBots (Northeast Ohio Robotics Alliance). Students will learn how to build and program Lego Robots, solving design challenges as they build. Students will learn to work with others to create and present their ideas.

WHERE: Mayfield Innovation Center

WHO: Students entering 4th, 5th, and 6th grade in the fall. Program size is limited and families will be informed as to which students secured spots. Interested students should complete an application (attached).

Cost: \$225

- The students must bring a lunch and water bottle/drink with them to the program daily
- Parents must provide transportation to and from the program
- A parent information session and student presentation will be held on Friday, July 19th

Contact Person: Andrea Martin-Clay, NEOHBots, andreamartinclay@gmail.com

Instructors will consist of: NEOHBot volunteers and certified teachers

Note: Mayfield School District students are able to apply for a scholarship to attend this program. The scholarship application is due by Monday May 27th. No exceptions. All applicants will be notified by June 7th.

Students participating will be expected to follow all program rules and expectations. Any student not following rules and expectations of the camp will be asked to discontinue attendance immediately. Students should plan to attend all dates unless they are ill.





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Registration

I give my child (print name) _____

permission to attend the Lego Robotics Camp July 15-19 from 9:00-3:00 at the Mayfield Innovation Center located at 6080 Wilson Mills Rd. Mayfield Village, OH 44143.

I am aware that I must provide pick up transportation *no later than 3:05 pm*

Parent Name (Print) _____

Cell Phone _____

Home Phone _____

e-mail _____

Person(s) who can pick up my child _____

*Anyone picking up students will need to show photo identification.

Emergency Contact name and phone number _____

Allergies or Medical Information _____

Parent Signature _____ Date _____

_____ I have enclosed a check for \$225 payable to NEOHBots. Checks will be returned if spaces are full.

E-MAIL ALL CAMP REGISTRATIONS TO andreamartinclay@gmail.com to secure your spot in camp.

Or Mail to Andrea Martin-Clay P.O. Box 39534 Solon Ohio 44139

