



Project Explore: Legos, Robotics, and More!

Registration 2019

All registration forms are due by June 3, 2019

Please return completed registration form to: Tabitha Kramer

tabkra@berksiu.org or P.O. Box 16050 Reading, Pa 19605

Project Explore: Legos Robotics and More is a free summer camp offered by the Berks County Intermediate Unit. Project Explore is now accepting applications for students who are entering first grade to entering eighth grade in 2019/ 2020 school year. *If your child is no longer able to attend summer camp on any given week, please contact Tabitha Kramer or Jennifer Barney at 610-987-8509.*

Week 1: Space Explorers- June 17-20 (Monday- Thursday) from 9 am to 3 pm

Week 2: Lego Robotics: Ocean Rescue- June 24-27 (Monday- Thursday) from 9 am to 3 pm

Week 3: Science of Superpowers- July 8-11 (Monday- Thursday) from 9 am to 3 pm

Week 4: Junior Scientists: Animal Lifecycles- July 15-18 (Monday- Thursday) from 9 am to 3 pm

Parent/Guardian Information

Guardian 1 Name: _____ **Relationship to child** _____

Phone Number: _____ **Email** _____ **Translation Needed?** _____

Guardian 2 Name: _____ **Relationship to child** _____

Phone Number: _____ **Email** _____ **Translation Needed?** _____

Is there a custody agreement or PFA of which we should be aware? _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone Number: _____ **Relationship to child:** _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone Number: _____ **Relationship to child:** _____

Name of person (beside parent/emergency contact) that we can release your child to (must be over 18):

Child 1 Information

Project Explore is now accepting applications for students who are entering first grade to entering eight grades.

Child's Name: _____ Gender: _____

Birthdate: _____ Grade: _____ School Building: _____

Child's Current Address _____

Any Allergies, Medical, or Dietary Restrictions? _____

Any special needs or other considerations? _____

Doctor's Name: _____ Phone Number: _____

Medical Insurance Provider: _____ Policy Number _____

Weeks Attending (please circle) June 17-20 June 24-27 July 8-11 July 15-18 Shirt Size: _____

Anything you would like your child's teacher to know about your child?

Child 2 Information

Project Explore is now accepting applications for students who are entering first grade to entering eight grades.

Child's Name: _____ Gender: _____

Birthdate: _____ Grade: _____ School Building: _____

Child's Current Address _____

Any Allergies, Medical, or Dietary Restrictions? _____

Any special needs or other considerations? _____

Doctor's Name: _____ Phone Number: _____

Medical Insurance Provider: _____ Policy Number _____

Weeks Attending (please circle) June 17-20 June 24-27 July 8-11 July 15-18 Shirt Size: _____

Anything you would like your child's teacher to know about your child?

Child 3 Information

Project Explore is now accepting applications for students who are entering first grade to entering eight grades.

Child's Name: _____ Gender: _____

Birthdate: _____ Grade: _____ School Building: _____

Child's Current Address _____

Any Allergies, Medical, or Dietary Restrictions? _____

Any special needs or other considerations? _____

Doctor's Name: _____ Phone Number: _____

Weeks Attending (please circle) June 17-20 June 24-27 July 8-11 July 15-18 Shirt Size: _____

Anything you would like your child's teacher to know about your child?

Child 4 Information

Project Explore is now accepting applications for students who are entering first grade to entering eight grades.

Child's Name: _____ Gender: _____

Birthdate: _____ Grade: _____ School Building: _____

Child's Current Address _____

Any Allergies, Medical, or Dietary Restrictions? _____

Any special needs or other considerations? _____

Doctor's Name: _____ Phone Number: _____

Medical Insurance Provider: _____ Policy Number _____

Weeks Attending (please circle) June 17-20 June 24-27 July 8-11 July 15-18 Shirt Size: _____

Anything you would like your child's teacher to know about your child?

Transportation Request

Transportation will be provided to families living in Reading, Muhlenberg, Boyertown, Exeter, Wilson, and Governor Mifflin School Districts. A Project Explore employee will contact you prior to camp to discuss any transportation requests.

Do you need transportation for your children (please circle)? Yes No Other _____

1) Preferred school building for pick-up/ drop off _____

2) Preferred school building for pick-up/ drop off _____

Classroom Communication

For digital communication, join our classroom community on Class Dojo! Class Dojo offers direct messaging in 50+ languages. Instructions to join our classroom will be sent home prior to camp.

Field Trips

During the Project Explore Summer Camp, we will be going on field trips! Information for the field trip locations and times will be forthcoming. Please note that extended days will be on Thursday's to accommodate the field trips. Please contact Tabitha Kramer at 610-987-8509 with any questions.

Parent/Guardian Permission

Please initial next to each item, indicating your permission.

_____ My child/ren need BCIU transportation to and from the Project Explore program.

_____ BCIU can apply minor first aid procedures to my child/ren, if necessary.

_____ BCIU can apply sunscreen and topical lotions to my child/ren, if necessary.

_____ BCIU can obtain emergency medical care for my child/ren, if necessary.

_____ My child/ren can go on walks or field trips with BCIU outside of the normal camp location.

_____ My child/ren can go swimming or wading with BCIU.

_____ Photos and/or videos can be taken of my child/ren and used by BCIU for publicity, promotional, and/or educational purposes (including publications, presentation or broadcast via newspaper, social media, internet, or other media sources). I waive all claims for compensation for use or for damages. I understand that photos and/or video may be shared by other sources on social media outside the control of the Berks County Intermediate Unit.

Parent Signature: _____ **Date:** _____

Office use only: Referring District/ Agency _____

Transportation: Week 1 _____ Week 2 _____ Week 3 _____

Week 4 _____ Assigned Classroom _____ Welcome Letter Sent _____