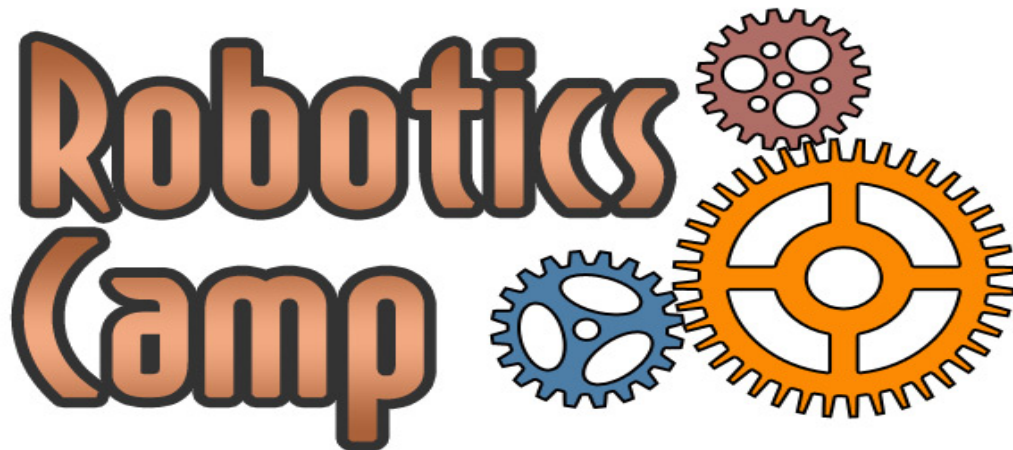


Levittown School District  
is proud to announce an exciting, new

# Middle School Robotics Camp

July 16, 2018 – July 27, 2018  
Monday – Friday 9:00AM – 12:30PM  
Wisdom Lane Middle School  
Cost: \$250



## What is a Robotics Camp?

The Levittown Robotics Camp is a summer enrichment program that focuses on the skills needed to build and program robots. Participants will be taught by certified Technology teachers from the Levittown Schools as they work to create multiple robots over the two week period. Open to all Levittown students entering 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade in the upcoming 2018-2019 school year. Students will engage in hands-on activities that promote engagement as they work cooperatively to problem solve.

**The deadline for registration is April 27, 2018; Space is very limited**

**To register, please complete and return the attached forms along with your payment.**



**LEVITTOWN PUBLIC SCHOOLS**  
 Levittown Memorial Education Center  
 150 Abbey Lane  
 Levittown, New York 11756



*Success For Every Student*

Central Registration  
 516-434-7058

Dear Parents,

The Board of Education has included Publications as one of its goals. We have a public relations process in place that calls for the ongoing submissions of articles to the local papers. Sometimes photographs are submitted with articles. Television coverage of special events is also a possibility.

The Levittown Public School District is striving to maintain a high level of security for your child regarding web site development. We wish to use individual photos or group photos on our website. The photograph would be in the context of a school-related activity such as a class project, award or honor, sport, club or student government activity. No personal information such as home address or phone number will be published.

.....  
 Student Name \_\_\_\_\_

School \_\_\_\_\_

My child \_\_\_\_\_ **Can be** Photographed and/or picture placed on Levittown School's website

My child \_\_\_\_\_ **Can Not be** Photographed and/or picture placed on Levittown School's website

\*Please note your child's name generally does not appear.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**As the parent or legal guardian of the student signing above, I have read the District's Networks and Internet Acceptable Use Policy and grant permission for my son/daughter to access the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for Levittown School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision of and when my child's use is not in a school setting.**

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

If at any time, in the future, you wish to withdraw this consent, you may do so via written notification to your child's building principal.

# Levittown Public Schools

## Robotics Camp Registration Form

Registration Deadline for Robotics Camp is Friday, April 27, 2018

Space is limited; Registration is first come, first served

### Child's Information:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_

School Name \_\_\_\_\_ Grade (in September 2018) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Parent/Guardian - Contact Information

#### *Parent/Guardian #1*

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address (If different from above) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

#### *Parent/Guardian #2*

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address (If different from above) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

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

-continue-

**Emergency Contact Information – Alternate Pickup/Release Note: Children will only be released to individuals listed on this form**

***Emergency Contact #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

***Emergency Contact #2***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Medical Information**

Please list any medical concerns, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Concern

Required treatment

_____	_____
_____	_____
_____	_____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child have any allergies?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Send completed registration form and a check made payable to Levittown Schools for \$250 to:

**LMEC  
Department of Instruction  
150 Abbey Lane  
Levittown, New York 11756  
Attn: Joanne Sweeney**