JEDIJILL'S AFTER-SCHOOL DROID LAB K -5TH GRADE

Due to the high demand in 22-23, JediJill's After-school Droid Lab will now run in four-week segments.

K-3rd Grade is on Tuesdays,
and 4th – 5th grade is on Thursdays.

8 students per segment will learn the basic tools and hardware needed to repair, customize, and compete with a "Viper" robot and a lifter kit.

> ★ Week 1- Robot Rules and Tools   ★ Week 2- Customize and name your Bot,
>
> ★ Week 3- Bot Hockey Tournament   ★ Week 4- Championship Tournament

Make a copy, and return this form to JediJill or the office *before* September 1, 2023. Please choose the 4 weeks you most want. Students are enrolled as soon as I receive their **completed** forms. Payments will be returned, and your child will be added to the waitlist when the club is full. Please choose new dates at that time to hold your spot as first come, first served. I will contact you via email to let you know if your child is in the club, or on a waitlist, or if I must reschedule a date.

For grades K - 3: Please choose one $40.00 segment of Tuesday Dates:		For grades 4 - 5: Please choose one $40.00 segment of Thursday Dates:	
Aug. 15, 22, 29 and Sept. 5	☐	Aug. 17, 24, 31 and Sept. 7	☐
Sept. 26, Oct. 3, 10, and 17	☐	Sept. 28, Oct. 5, 12, and 19	☐
Jan. 9, 16, 23, and 30	☐	Jan. 11, 18, 25, and Feb. 1	
Feb. 20, 27, March 5, and 12	☐	Feb. 22, 29, March 7, and 14	☐
Apr. 9, 16, 23, and 30	☐	Apr. 11, 18, 25, and May 2	☐

Please ensure the homeroom teacher knows each day your child will attend.

Their teacher must enter each child's name on the
after-school roster and snack list.

Students will come to my lab, drop off their things, get snacks from aftercare and return to my lab. We begin at 3:30 and end at 4:30. A late pick-up fee will be applied by aftercare staff when a child is left beyond their scheduled pick-up.

Please list the Name/s, relationships (e.g., mom, dad, neighbor), and phone #s of the cleared adult contact/s who will pick up your child in front of the elementary school.

N:_____ P:_____

N:_____ P:_____

Email address or Facebook address of the best contact:

_____

Child's Name:_____ Grade _____

Allergies and Homeroom Teacher, if known:

_____

*Please make payments to Burns Sci-Tech
and note that the payment is for the Droid Lab!*

I am paying the **$40.00** lab fee by ☐ cash, ☐ check, or ☐ credit card.

Please indicate ☐ yes if your family needs help paying the Droid Lab fee, and we will enter your child's name for a possible scholarship opportunity.