

# **Wacky Robotics & Young Engineers After School Club**

**Delivered by specialist instructors from**

## **STEAM WORKS**

**During this club you will be given the chance to be Wacky Robot engineers, performing a variety of fun and interesting tasks such as using a robotic arm!!**

**When you are not using your robotics skills you will have a range of other construction tasks to perform such as building rockets, boats and catapults!**

**Starts:** Every Thursday from 6<sup>th</sup> March to 27<sup>th</sup> March (4 sessions)

**When:** After school until 4.15pm

**Cost:** FREE

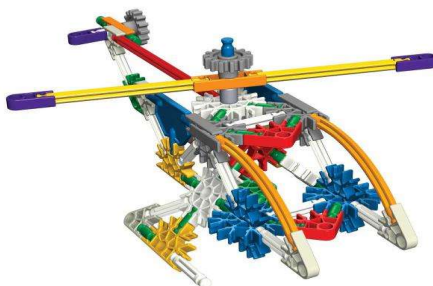
**School Years:** Years 5 and 6

### **PLACES ARE LIMITED**

**Please complete the registration form and return it to school by Friday 7<sup>th</sup> February.**

**You will receive notification via MCAS if you have been allocated a place or not.**

**If you have any questions or require further information please see school reception or alternatively call John Bell on 07494749226.**



## Personal Details

<b>Child's First Name</b>		<b>Child's Last Name</b>	
<b>Address and Postcode</b>			<b>Name of Club</b> <b>Wacky Robotics</b> <b>March 25</b> <b>Years 5 and 6</b>
<b>Date of Birth</b>			<b>Class and Year</b>
<b>(Please circle one)</b>	<b>Male</b>	<b>Female</b>	<b>School Attended</b>  Rawmarsh Ashwood

## Emergency Contact Details

<b>Name 1</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	
<b>Name 2</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	

## Medical Information / Behaviour / Disability

*(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.*

## Consent

<b>General Consent (tick as appropriate)</b>	<b>Yes</b>	<b>No</b>
I consent to my child having his/her picture taken for promotional/website purposes	<input type="checkbox"/>	<input type="checkbox"/>
I consent to members of the local press being invited to take pictures of my child	<input type="checkbox"/>	<input type="checkbox"/>
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present	<input type="checkbox"/>	<input type="checkbox"/>

Can you please confirm how your child will leave school after the activity?

Student name \_\_\_\_\_

Will be COLLECTED by ..... (name of the person who will be picking them up)

**OR**

Can WALK HOME without an adult (Year 4 to Year 6 children only)

(Please tick the applicable box)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_