



SUMMER CAMP

Bricks 4 Kidz!



We are offering a new summer enrichment camp that emphasizes S.T.E.M. concepts. (Science, Technology, Engineering, Mathematics)

Location: Timberlane Middle School, Art Rooms

Time: 9am to 12noon

Week #1 July 10 to July 14

Theme: Amusement Ride Camp

Ages: entering grades 1-5

(Deadline to Register: June 30)

Get your ticket to ride at Bricks 4 Kidz very own Amusement Park! Campers will build a new ride each day, learning how to make things spin, roll, turn and rock. Then they will take what they have learned to design their own thrills and challenges. Motorized models maximize the action and the fun. Each camp day includes carnival-themed games, group challenges, model-building and more!

Week #2 July 17 to July 21

Theme: Remote Control Inventions

Ages: entering grades 3-6

(Deadline to Register: July 7)

Making it move is the name of the game at this exciting camp! Kids will love to see their creations in motion using LEGO® wireless remote controls. Each day, campers will use fascinating and challenging LEGO® components to create dynamic vehicles, inventions, machines and more. As they enjoy the fun of building, campers will understand the basic working principles of many ingenious devices that are part of our everyday lives. Campers will also learn how to magnify, diminish and redirect force to move objects at different speeds and in different directions.

Program Fee: \$185/camper (\$165 Hopewell Twp. Resident)

Late Fee: \$20 per camper after deadline

Bricks 4 Kidz provides curriculum that introduces children to engineering, architecture and scientific principles. This is a hands-on class where students build machines, buildings, vehicles and other motorized models out of LEGO Bricks using one of a kind model plans designed by Bricks 4 Kidz.

Registration forms available by March 17th at:

www.hopewelltpw.org or

register online at:

<https://register.communitypass.net/hopewelltownship>

SUMMER CAMP

Bricks 4 Kidz!

Registration Form 2017



We learn, we build, we play....with LEGO® Bricks

Participant's Name: _____ Date of Birth: _____ Age: _____

Grade Completed: _____ Gender: M / F Home Phone: _____

Street Address: _____
Street City, state, zip

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Parent's Email: **(Print clearly)** _____

Emergency Contact Name (Not parents): _____ Phone: _____

Check One: Session #1: Grades 1-5 "Ticket to Ride" Camp \$185 (\$165 HT Resident) Session #2: Grades 3 to 6 "Remote Control Inventions" Camp \$185 (\$165 HT Resident)

Note: **HT RES** denotes discounted program fee for **Hopewell Township residents only.**

Late Fee for registration submitted after deadline \$20

T-Shirt Size: _____ Y Small 6-8 _____ Y Medium 10-12 _____ Y Large 14-16
Check one _____ Adult Small _____ Adult Medium _____ Adult Large

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Summer Sticks Field Hockey program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

Doctor's Name: _____ Phone: _____

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to: Hopewell Township Parks & Recreation Department
201 Washington Crossing-Pennington Road
Phone # (609) 737-3753 Titusville, NJ 08560