



Lab Fall 2019

The MakerSpace Lab at the Elementary school will be open for students to come in and explore STEM activities. We will work on coding activities, use the computers, and explore MakerSpace.

Grades: K-1st Grade	Days: Mondays	Dates: Dec. 2, 9, 16
Grades: 4th, 5th, 6th	Days: Tuesdays	Dates: Dec. 3, 10, 17
Grades: 2nd & 3rd	Days: Wednesdays	Dates: Dec. 4, 11, 18
Time: 3:15-4:30 pm	Fee: \$12	Location: Elem. Lab

Weather: If the weather is bad on class day, we will get an announcement out using Instant Alert about canceling the class. Refunds will not be given for missed days due to weather, etc.

Deadline: Register by November 22nd if possible in case we need to make adjustments. Need a minimum of 10 students to run the class and a maximum number of 30 in the classes.

Registering: If you would like your son or daughter to participate, please take a moment to fill out the registration form and return the form along with your \$12 fee by November 22nd to the Community Education office in one of these ways

- 1) Bring into the Community Ed. Office located in the High School: 302 3rd St SE
- 2) Send to school in an envelope labeled Community Education for your child to give to their teacher or drop in the Elementary office
- 3) Fax the form to the office at 218-354-7260 & send the fee or pay at payschools.
- 4) Email the form back to me at cellefon@barnesville.k12.mn.us & send the fee or use payschools.

Questions: Call 354-2638 with questions about the program. We will not take phone registrations. You can also email Chris at cellefon@barnesville.k12.mn.us with questions.

Please print on this form and return it along with the fee to the Com. Ed office by Nov. 22



MakerSpace Lab 2019-20 Class

Student's First Name _____ Student's Last Name _____

Student Grade K 1 2 3 4 5 6 (circle the grade your child is in)

Paying: Check-(attach) _____ Cash-(Attach) _____ Pay School _____

Parent/Guardian First Name _____ Last Name _____

Parent email address _____ Home/Cell Phone _____

I do hereby release the Barnesville Public School and Community Education of any liability for injuries incurred in connection with my child's participation in the MakerSpace Lab. I understand that Barnesville Community Education and the Barnesville Public School assume no responsibility for injury before, during, or after this program. I also authorize emergency medical treatment of the above named child by qualified medical emergency personnel if needed.

Parent/Guardian Signature _____ Date _____