



YOUR CHILD'S CLUB INVENTION PROGRAM IS RIGHT AROUND THE CORNER!

Coming to you: The weeks of July 7 and 14, 2014

Times: 9am-3:30pm

Extended Day Hours: 8:30-9am and 3:30-5:30pm (by advance registration only, available by the week only; no afternoon program on Fridays)

Location: Newton South High School

140 Brandeis Rd.

Newton, MA 02460

Emergency Phone: 617-559-6605

Brought to you by Newton Community Education

457 Walnut St.

Newton, MA 02460

617-559-6999

Dear Parents/Guardians of young inventors:

Thank you for choosing Club Invention and investing in your child's future! We look forward to seeing you this summer. **Your continued involvement is critical to your child's experience and will be greatly enhanced by careful preparation for the program, as outlined below.**

WHAT YOU CAN DO IMMEDIATELY TO HELP PREPARE FOR YOUR CHILD'S EXPERIENCE...

- Complete and sign the following Participant Information Form, Medical Release, and *Take-Apart*TM waiver. You will need to bring all of these with your child on the first day of your program this summer.
- If your child has any special needs, such as severe allergies that might require the administration of epinephrine, call 617-559-6999 as soon as possible so we can make sure we are adequately prepared to address your child's needs.
- Identify and prepare your child's *Take-Apart*TM item in accordance with the guidelines on the next page of this letter.
- Start collecting materials to upcycle that will be shared by all in accordance with the guidelines on the back of this letter.

WHAT YOU CAN DO TO FACILITATE AN EASIER CHECK-IN ON THE FIRST DAY OF THE PROGRAM...

- Please plan to arrive 30 minutes early on the first day of the program, as your child's *Take-Apart*TM item will be carefully screened by an instructor for acceptance into the program prior to its start.**
- In order to participate, your child must arrive with a completed Participant Information Form, Medical Release form, and Take Apart Waiver, an eligible and prepared *Take-Apart* item, and any collected materials to upcycle.
- Your child should be dressed in comfortable clothes and shoes – no flip-flops or shoes with wheels, please!
- Be sure to send a packed lunch, beverage, and snack, clearly labeled with your child's name.
- Cell phones should be turned off; usage is only permitted during break or at lunch time.
- You, or an authorized individual, are required to sign your child in and out daily.

You are all invited to attend the *Inventors' Showcase* program at the end of the program week to view your child's fantastic inventions and prototypes. Remember that your child's work is more than just boxes and tape; it's a tangible representation of his or her creative-thinking skills. Come enjoy this presentation of their journey with us.

We thank you for your commitment to your child and your involvement in the Club Invention experience.

The NCE Club Invention Team

SELECTING AND PREPARING YOUR CHILD'S TAKE-APART™ ITEM

In preparation for the program, help your child to acquire a broken, unusable, or household appliance or other mechanical device for him or her to take apart during the *I Can Invent*™ module. Please refer to the items below when determining whether the appliance is appropriate.

It is extremely important that you PREPARE your child's Take-Apart™ item prior to the week of the program. Five days before the program begins and with the item unplugged, carefully cut all electrical cords, loosen all screws, pry open any encased devices, etc., and clearly label the item with your child's name prior to arrival. This will allow your child more time to have fun investigating its inner gears and gadgets! (This item will not be returned to you in working condition.) Collect all of the pieces and parts in a labeled bag – minus electrical cords and any objects that may cause potential harm, such as glass.

RECOMMENDED ITEMS:

- VCR's
- Stereos and Radios
- Clocks
- Tape Decks or Recorders
- CB radios
- DVD players
- CD players
- Answering Machines
- Computer Keyboards
- Video Game Consoles
- Computer Hard Drives

ACCEPTABLE ITEMS:

- Remotes
- Computer Towers
- Cordless Telephones
- Blenders (no blades)
- Hair Dryers
- Controllers
- Mixers
- Remote Control Cars
- Printers
- Toasters

UNACCEPTABLE ITEMS:

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- **Cameras**
 - **Cell Phones**
 - **Fast Food Toys**
 - **Irons**
 - **Laptop Computers**
 - **Microwaves**
 - **Monitors**
 - **Rotary Phones**
 - **Televisions**
 - **Toddler Toys**
 - **Vacuums**

Your child's *Take-Apart*™ item will be carefully screened by an instructor for acceptance prior to the program's start.

IDENTIFYING AND COLLECTING ITEMS TO UPCYCLE

Help us allow program participants' imaginations to run wild throughout the program week by collecting materials to upcycle for children to share. Please refer to the listed items below when determining whether an item is acceptable or unacceptable.

IMPORTANT: Please thoroughly wash out all bottles, containers, foam trays, and/or any other items, as needed.

ACCEPTABLE ITEMS:

- Beads
- Bubble Wrap
- Building Blocks
- Buttons
- Cardboard Boxes and Tubes
- Cereal Boxes
- Cups
- Fabric
- Film Canisters
- Foam Trays
- Golf Balls
- Magazines (child-friendly)
- Newspapers
- Oatmeal Canisters
- Origami Paper
- Pinwheels
- Plastic Bottle Caps
- Containers/Lids
- Pulleys
- Rubber Bands
- Rubber Bouncy Balls
- Shoe Boxes
- Springs
- String
- Table Tennis Balls
- Washers
- Wrapping Paper

UNACCEPTABLE ITEMS:

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- **Batteries**
 - **Coils**
 - **Cords**
 - **Glitter**
 - **Liquids**
 - **Medicine Containers**
 - **Milk/OJ Cartons/Jugs**
 - **Paint**
 - **Prescription Bottles**
 - **Soda Pop Cans**
 - **Tree Bark**
 - **Packing Peanuts**
 - **Wire Hangers**

All items to upcycle will be carefully screened by an instructor for acceptance prior to the program's start. If you have any questions as to whether an item is acceptable as either a *Take-Apart*™ or as an item to upcycle, please call the NCE office at 617-559-6999.



2014 Participant Information Form: Please turn in this completed form on the first day at check-in.

Child's Name (Last)

Parent/Guardian Name

Child's Name (First)

Street Address

Date of Birth

City, State, and Zip Code

Grade Level Fall 2014

Parent/Guardian **Home** Phone Number

Parent/Guardian **Work** Phone Number

Parent/Guardian **Cell** Phone Number

Program Rules

- 1. I will only leave the program with an adult that I know.
- 2. I will respect fellow children and instructors.
- 3. I will participate in all of the activities to the best of my ability.
- 4. I will act in a safe and responsible manner.
- 5. I will have fun!

I have read NCE's Club Invention rules, and I will abide by these rules. I understand that the Club Invention staff has the right to remove any person from the program who does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Signature

Date

Parent/Guardian Signature

Date

Alternate Contacts/Transportation Arrangements

The following individual(s) may pick up my child from the program:

Name/Relationship

Phone Number

Name/Relationship

Phone Number

My child may also: Walk and/or Ride his or her bicycle home

Parent/Guardian Signature

Date

Photography Release

I authorize the Club Invention program to obtain, store, and/or use (without payment) any photographs, slides, and/or videotapes of my child for public relations, marketing/advertising, and/or internal training purposes.

Parent/Guardian Signature

Date

Liability Waiver (Must be signed in order for your child to participate in the program)

I am the parent/legal guardian of _____ (Child). On my own behalf and as parent and guardian, I acknowledge and agree that there is the possibility of physical injury or loss associated with my child's participation in the Club Invention program through Newton Community Education. I hereby release and discharge Newton Community Education, its affiliated organizations, employees, and associated personnel against any and all claims, liabilities, and/or damages as a result of my child's participation in this program, including but not limited to, any claim that Newton Community Education was negligent. I further agree to defend and indemnify Newton Community Education, its affiliated organizations, employees, and associated personnel if any claim is made against them by or on behalf of my child. **I understand that my child will not be permitted to participate in the Club Invention program without my signing this Agreement.**

Parent/Guardian Signature

Date



Emergency Medical Consent

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist, and/or hospital, as applicable, listed below:

Preferred Physician _____

Phone Number _____

Preferred Dentist _____

Phone Number _____

Preferred Hospital _____

Phone Number _____

In the event that the designated preferred physician, dentist, and/or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature _____ Date _____

Participant Medical Information

Allergies (food, medication, etc.): _____

Activity restrictions or precautions: _____

List any medication child is currently taking: _____

My child is attending with an epinephrine syringe to be self-administered in the event of a severe allergic reaction.

IMPORTANT: Child must self-administer all medications including epi-pens. Epi-pens must be carried by the child at all times. The Club Invention staff can not administer medication (see below).

My child is carrying an inhaler and is authorized to self-administer as needed. (Physician's order has been completed at the bottom of this form.)

List any special needs, important medical history/behavior, and/or accommodations that can be made to make your child's experience more successful:

Physician's Order for Prescribed Oral Medication

All medication must be delivered in the original container in which it was dispensed and must be self-administered by the child, or administered by a pre-authorized individual designated by the parent/guardian. **No member of the Club Invention program is permitted to administer medication.**

I have arranged, and hereby authorize, the administration of prescribed medication for my child to be handled as follows:

Name of Medication _____

Dosage _____

Name of Authorized Individual to Administer Medication _____

Date(s) and Time(s) of Administration (by aforementioned individual) _____

Name of Issuing Physician _____

Issuing Physician Emergency Phone Number _____

Significant side effects (adverse reactions) that should be reported to the physician: _____

Special instructions for use of drug, including storage: _____

Issuing Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____