



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Dr. STEM for Young Engineers

FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944



- **Who:** Children Ages 4 through 5th grade
- **Where:** Cedar Grove Community Center
- **When:** Mondays – Sept. 23, (skip 9/30), Oct. 7, (skip 10/14), 21, 28, Nov. 4, (skip 11/11) & 18
- **Time:** *Times are subject to change based on registration
Ages 4 & 5- 3:30-4:15pm
Dr. STEM II Grades 1-2- 4:30-5:15pm
Dr. STEM II Grades 3-5- 5:30-6:30pm
- **Fee:** \$75.00/child; late fee of \$10 after 9/13/19 — no refunds after 9/13
MAKE CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE
- **Description:** Former elementary STEM teacher, Larry “Doc” Siegel, introduces the Engineering Design Process to young engineers who will build towers, bridges, egg catchers and more. They will collaborate, brainstorm solutions, design, construct, test and present 3D solutions. No child is too young to think like an engineer. After all, it’s about thinking!!! For more information visit, www.drstempresents.com.

Dr. STEM – Fall 2019

CHILD’S NAME _____ AGE _____ GRADE _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If *Yes*, explain) _____

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

Parent/Guardian Signature _____ Date _____

\$75.00