

Falcon Fab Lab Club

Please complete the form below for your child to be a part of the Falcon Fab Lab Club. We will meet on Wednesdays from 4:20-5:20 in room 2/103. A calendar of meeting dates will be sent to participants. We will be working with Design, Electronics, 3D printing, Engineering, and more!

| GENERAL INFORMATION | | | |
|--|---|-----|----|
| STUDENT NAME (FIRST, LAST) | | | |
| GRADE | | | |
| STREET ADDRESS CITY, STATE, ZIP CODE | | | |
| BIRTH DATE (MM/DD/YYYY) | | | |
| DESCRIBE SOMETHING YOU HAVE MADE ON YOUR OWN BEFORE. | | | |
| ARE YOU IN OTHER CLUBS HERE AT BPMS? If yes, please list. | | | |
| WERE YOU IN FALCON FAB LAB LAST YEAR? | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table> | YES | NO |
| YES | NO | | |
| PARENT/GUARDIAN INFORMATION | | | |
| PRIMARY PARENT/CAREGIVER | | | |
| RELATIONSHIP TO STUDENT | | | |
| STREET ADDRESS CITY, STATE, ZIP CODE | | | |
| CELL/HOME/ OR WORK PHONE | | | |
| EMAIL ADDRESS <small>*Email addresses will be utilized to send updates on finding or if we have to reschedule a meeting date.</small> | | | |

I (We), _____, hereby give permission for _____
Parent/Guardian
Student's Name

to participate in the Falcon Fab Lab Club. I acknowledge that I (we) will be responsible for providing pick-up transportation each club day for my child at 5:20.

Parent/Guardian Signature

Date

Return to Mrs. Giuffré (front office) Spaces are limited, so students will be contacted if they are in the club.