



C3Brix Legomania in Maynard

C3Brix is coming to Maynard this summer! Your child will have the opportunity to brainstorm, design and build collaboratively with a group while letting his/her creativity shine through. Cody Wells, “expert brickmaster” and staff, will be providing thousands of Lego pieces and lots of fun at Fowler School in Maynard. Prizes will be given daily. Children will have the opportunity to participate in building an entire Lego world and building a custom piece to take home at the end of the session. Sessions will run in air conditioned space.

July 15-19

Grades K-3 (current grade 2018-19) 9:00 a.m. - 12:00 noon

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July 22-26

Grades K-3 (current grade 2018-19) 1:00 p.m. - 4:00 p.m.

Cost per session: **\$225.00**

Return registration form with a check made payable to:

“Town of Maynard”, by June 7, 2019

Mail to: EXCEL Programs, 5 Tiger Drive, Maynard, MA 01754

Questions: Call - 978-897-8021 or

e-mail - excel-fasc@maynard.k12.ma.us

Partial scholarships are available.

Enrollment is limited.

Visit Cody’s website: www.C3Brix.com



C3Brix Legomania in Maynard - Registration

****Summer 2019****

Student Name _____ Grade _____
Address _____ Home phone _____
Date of Birth _____

Parent Name: _____ Home Phone: _____
Address _____
Cell Phone/Pager: _____ Work Phone: _____
e-mail _____

(PRINT CLEARLY)
Parent Name: _____ Home Phone: _____
Address _____
Cell Phone/Pager: _____ Work Phone: _____
e-mail _____
(PRINT CLEARLY)

Medical/Allergy Information

Asthma: _____ Inhaler: Yes _____ No: _____
Bee Sting Allergy: Yes: _____ No: _____ Epi Pen: Yes: _____ No: _____
Food Allergy: Yes: _____ No: _____ If yes, please list _____
Other Allergy: Yes: _____ No: _____ If yes, please list _____
Other (Specify) _____

*School officials **must** be able to reach parents or an adult who will be responsible for your child in the event of an emergency dismissal for **any** reason. Such reasons might be illness, weather, accident, etc. If neither mother nor father can be reached, please list below the names of two adults who can assume responsibility for your child. In case of a medical emergency, every effort will be made to contact the parents. If necessary, an ambulance will be summoned and the child will be taken to the nearest hospital.*

Name: _____ Phone: _____
Relationship: _____ Address: _____
Name: _____ Phone: _____
Relationship: _____ Address: _____

Please check below the session/s your child will attend (\$225 per session)

July 15-19

Gr. K-2 – 9:00-Noon _____ Gr. 3-6 1:00-4:00 PM _____ Fee: \$ _____

July 22-26

Gr. 3-6 – 9:00-Noon _____ Gr. K-2 1:00-4:00 PM _____ Fee: \$ _____

Questions: email – excel-fasc@maynard.k12.ma.us or call (978) 897-8021.

Please return this form with a check made payable to “Town of Maynard”, by June 7, 2019. Mail to: EXCEL Programs, 5 Tiger Drive, Maynard, MA 01754 .

Parent Signature _____ Date _____