

EMPOW STUDIOS OFFERS PROGRAMS AT BOWEN AFTER SCHOOL CARE PROGRAM

VIDEO GAME DESIGN: Playing video games is fun, but playing games you make yourself is a thrill! Kids learn to create character sprites, design levels, and program game mechanics while they learn the fundamentals of object oriented programming. All students work at their own pace, making this a great workshop for both new and more experienced game makers. Don't tell the kids, but while creating the games and learning programming, they will also be learning math, geometry, design and logic. Games can be played at home (MS Windows-only), and software used in class is available for free download (MAC and PC) for those who want to continue their game-making skills at home. Non-violence policy is enforced. For Grades 3 - 5.

CLASS TIME: THURSDAY, 4:00 - 4:45

FEE: \$180 FOR 10 WEEKS

CLASSES ARE ONGOING AND CHILDREN WILL BE GROUPED ACCORDING TO THEIR LEVEL OF ABILITY. SKILLS ARE TAUGHT IN PROGRESSIVE FORMAT SO THEY CAN BUILD ON PREVIOUSLY LEARNED SKILLS.

CLASSES BEGIN ON $\underline{THURSDAY}$, $\underline{1/15}$. REGISTRATION AND PAYMENT MUST BE SUBMITTED BEFORE CLASSES BEGIN. REGISTRATION IS ACCEPTED ON FIRST COME FIRST SERVE BASIS.

FEES TO: EMPOW STUDIOS

QUESTIONS ABOUT THE PROGRAM EMAIL: PROGRAMDIRECTOR@EMPOW.ME OR CALL MATT 617-395-7527

BASCP					
NAME	GIRL	BOY	AGE		
D.O.B					
ADDRESS				_	
PHONE					
CITY	ZIP				
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PARENT				WORK	
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EMAIL				*By providing an email ad	idress I

informed about what my child is learning during his/her class.

BOWEN AFTER SCHOOL CARE PROGRAM, INC.

280 CYPRESS STREET, NEWTON, MA 02459 617-969-3130

RELEASE FORM FOR CHILD TO LEAVE WITH SCHOOL PERSONNEL/NEWTON COMMUNITY ED. FOR SCHOOL/COMMUNITY ED. RELATED ACTIVITIES, BASCP ENRICHMENT ACTIVITIES

The Department of Education Early Education and Care regulations require that children participating in extracurricular activities have a completed release form on file.

I,	, give my perr	nission for my child,				
I,(Parent/Legal Guardian)		,				
, to attend act (Child's Name)	tivities outside of the	Bowen After School Care				
Program. My child will attend		(Activity), on(Day(s) of the Week)				
	(Activity)	(Day(s) of the Week)				
from (Time Child will Leave Program)	and will/will not be (Please circle)	returning to the Bowen After School Ca	are			
Program at (Time Child will Return to Progra	_· am)					
My child will be released to and signed out by	(Auth	, and will be orized Adult)				
returned and signed in by(Authorize	ed Adult)	<u></u> .				
I understand that the Bowen After School Proonce they have been signed out and released to supervised by Bowen After School Program, am responsible for my child once s/he leaves Program, Inc. will only resume responsibility the Bowen After School Care Program, Inc. b I understand that the program has the right to limitation or if s/he does not honor this contra	o the above program/ Inc. staff while s/he the program. I unde for my child once the y the authorized adu rescind the above pr	activity. I understand that my child will is away from the program. I understand erstand that the Bowen After School Care child has been returned to and signed balt named above.	I not be d that I e ock into			
(Parent/Legal Guardian Signature)	-	(Date)				