



STEM Challenge Club “The Great Desert Island”

Can you help a traveler stranded on a deserted island get back to civilization?

In this six-week program, students will complete different challenges to help the traveler get back to civilization. All activities will require students to use their critical thinking skills and follow the STEM design process - ask, imagine, plan, create, test and improve.

So What is STEM?

STEM stands for science, technology, engineering, and math. These four symbols represent the different areas of STEM education. A unit in a STEM class is typically based around finding a solution to a real-world problem and tends to emphasize project-based learning.

Where and When?

STEM Challenge Club will be taught by third grade teachers Mrs. Rutledge and Mrs. Gauthier. This club will be held in Mrs. Gauthier’s room the following Wednesdays after school until 5:00 p.m - **September 19th, 26th, October 3rd, 10th, 17th and 24th**. Students will be dismissed to Mrs. Gauthier’s classroom during dismissal time. Parents are required to pick up their children in the lobby promptly at 5:00 p.m. If there is a change in who is picking your child up, please send a note/email to Mrs. Gauthier or Mrs. Rutledge. Students are allowed to bring a **peanut-free snack** to eat during this time as well.

The cost of this six-week session is \$80 per child.

Registration forms and checks are due by Wednesday, September 12th.

Both forms need to be returned in an envelope with payment by this date. Please make checks payable to WRSD. Please address return envelope to the attention of “Mrs. Gauthier STEM Challenge Club.”

Please keep this sheet for your own reference if you choose to sign your child up.

Questions? Please email Kathy_Rutledge@wrsd.net or Courtney_Gauthier@wrsd.net

STEM Challenge Club Registration Form

Due Wednesday, September 12th

Child's Name (printed): _____

Child's Grade and Classroom Teacher: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

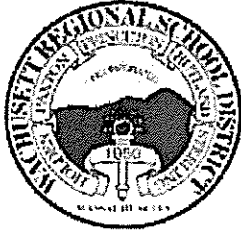
Cell/Home Phone Number(s) _____

Parent/Guardian Email(s): _____

My child will be picked up by: _____

If there is a change in who is picking your child up, please send a note/email to Mrs. Gauthier or Mrs. Rutledge.

There will not be a nurse on staff during this time. You must complete the health form completely and be sure that parent contact information is up to date with cell phone information in case you need to be reached. Both forms (Registration & Health) need to be returned in an envelope with payment (cash or check). Please make checks payable to WRSD and address return envelope to the attention of "Mrs. Gauthier STEM Challenge Club."



Wachusett Regional School District

Halden, Paxton, Princeton, Rutland, Sterling.

SCHOOL SPONSORED EXTRACURRICULAR HEALTH SAFETY PLAN

***Note: The school nurse is not present during before or after school programs**

Activity/Sport: _____ Adult Supervisor: _____

Student Name: _____

Address: _____ Home Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

My child has the following medical condition that may require immediate attention at after/before school activities. Please circle all that apply:

Allergy to: _____ requires Epinephrine auto-injector: 0.30mg _____ .15mg _____

Asthma Diabetes Seizure disorder

Other: _____

Action Plan

Allergic Reaction: Examples of possible symptoms include: Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, and swelling.

Action Plan: Call 911 and assist child in using epinephrine auto injector if prescribed and available

Asthma: Difficulty breathing, wheezing, shortness of breath, and/or chest feels tight

Action Plan: If the student has their inhaler, allow them to use it. If no relief of symptoms in five (5) minutes, call 911. If no inhaler available, Call 911 immediately.

Diabetes: Low blood sugar reactions: hunger, sweaty, pallor, feels shaky, headache.

Action Plan: Allow student to drink a juice box or regular soda; eat 3-4 glucose tablets or have a snack from an emergency snack pack. Call parents to inform them of symptoms. Have student check their blood glucose level and record number. If no change in symptoms call parent and have them pick child up. Repeat snack and blood sugar check until parent arrives. If student is unconscious due to low blood sugar call 911 immediately.

Seizure: Altered consciousness, involuntary muscle stiffness or jerking movements, drooling, temporary halt in breathing, loss of bladder control.

Action Plan: Protect student from falling or hitting head, never put anything into student's mouth and do not attempt to restrict movements. Call 911

Parent/Guardian child specific instructions: _____

Parent Signature: _____ Date: _____

Program Advisor Signature: _____ Date: _____