

# THOMAS MITCHELL PRIMARY SCHOOL

## PREP MC and PREP SK ACTIVITY

### BRICKS 4 KIDZ 'TECHNIC LEGO CLOCK' WORKSHOP

28<sup>th</sup> March, 2019

#### Introduction/Links to Curriculum:

In Term 2, the Prep students will take part in a hands-on learning experience with Bricks 4 Kidz, where they will create a specially designed 'olden day' clock, using LEGO® bricks. The program will provide opportunities which:

- Reinforces math and science concepts
- Develops an appreciation of how things really work
- Builds self-confidence and problem solving skills
- Fosters teamwork
- Triggers children's lively imaginations

STEM (Science, Technology, Engineering and Mathematics), covers a wide range of disciplines and skills, which are increasingly in demand in our rapidly changing world. STEM skills and knowledge are important for all stages of our learning, jobs and everyday lives.

<b>Participants/Classes:</b>	<b>Prep MC and Prep SK</b>
Date:	Wednesday 1 <sup>st</sup> May, 2019
Times:	9.20am – 10.30am – Prep MC 11.20am – 12.30pm – Prep SK
Venue/Address:	Thomas Mitchell Primary School – ELC
Cost:	\$9.00 <b><u>This cost is covered by the 'Essential Items – Excursion Levy' payment that all parents were requested to pay at the commencement of their child's school year.</u></b> In the event your child does not participate (eg. due to illness) a credit will be placed against your family account.
Uniform:	All students must wear school uniform.
Permission form:	To be returned by: <b>Wednesday 24<sup>th</sup> April, 2019</b>

Danielle Howley  
Contact/Coordinating Teacher

John Hurley  
Principal

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#### **THOMAS MITCHELL PRIMARY SCHOOL**

#### **PREP MC and PREP SK ACTIVITY – BRICKS 4 KIDZ 'TECHNIC LEGO CLOCK' WORKSHOP**

I give permission for my child .....in class .....  
to participate in the above activity on Wednesday 1<sup>st</sup> May, 2019.

I understand that the cost of \$9.00 is covered by the Excursion Levy payment I have made.

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent Name: ..... Phone: .....

Signed: ..... Dated: .....

Contact for day of activity: ..... Phone for day of activity: .....