

****

**Application Form: Level II \***

**July 7th – August 6th, 2020**

**UWI - Cave Hill Campus**

**Application Closing Date: 15 May 2020**

**\*Open only to children who participated in a**

**previous BJRC Level I Camp**



Dear Parent/Guardian/student,

The Caribbean Science Foundation will be hosting Level II of the **Barbados Junior Robotics Camps (BJRC)** from 07 July to 06 August 2020. The Camp will be held on the campus of UWI, Barbados.

**The 2020 Level II Camp is open only to children who participated in a previous BJRC Level I Camp, and have not before participated in a BJRC Level II Camp.**

The 2020 Level II Camp will focus on completely autonomous robots. The goal will be to have the Level II campers design and build robots which can run a fairly sophisticated obstacle course autonomously (without human intervention).

The completed application form (page 3) should be submitted as an attachment by e-mail to the Caribbean Science Foundation at [*csfhdq@gmail.com*](mailto:csfhdq@gmail.com)*.* Please use “**BJRC Level II Application [Child’s name]**” on the subject line of the e-mail, to help avoid your application being misfiled.

The application deadline is **11:59 pm AST on 15 May 2020**. Late applications will not be considered. **Please note that Level II applicants must also fill out the online survey of their Level I Camp experience in order for their applications to be considered.**  **The survey can be found at**<https://docs.google.com/forms/d/e/1FAIpQLScXB1tyvb3KmjQh3WXVaByN6c9iExdRhqf1fokZyK-61Q0Z1Q/viewform>

You are encouraged to submit your completed application form as early as possible. Successful candidates will be notified by 10 June 2020. If your child is admitted to the camp, a camp fee of BD$ 500 should be paid before the first day of the camp. In exceptional cases, arrangements can be made for four weekly payments of BD$ 125 each.

Thank you for your interest, and we look forward to an exciting and productive 2020 Level II Barbados Junior Robotics Camp!

Respectfully Yours,

**Robotics Planning Committee**

**Barbados Junior Robotics Camp - Level II Application**

**(Open only to children who participated in a previous BJRC Level I Camp)**

**Camp Dates: 07 July 2020 to 06 August 2020**

**TO BE COMPLETED BY PARENT/GUARDIAN**

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year attended Level I camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency (additional contact person):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your child’s allergies, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your child’s medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require medication and how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Will your child be collected from the camp by you, or will he/she go home with another adult?  Please provide the name of the adult who will collect the child from the camp, and their cell phone number.

Adult:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm that your child will attend the camp for the entire period? YES NO

If “no” which days will your child be absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event of a change in pick-up routine, a signed letter (hardcopy or email) should be provided to Ms. Daneilia De Silva (**[*desilva.csf@gmail.com*](mailto:desilva.csf@gmail.com)**), CSF Headquarters, CARICOM Research Building, UWI Cave Hill Campus, St. Michael, Barbados.**

***Reminder: Your online survey of the latest camp you participated in, must be on file at the CSF for this application to be considered. Please visit:*** <https://docs.google.com/forms/d/e/1FAIpQLScXB1tyvb3KmjQh3WXVaByN6c9iExdRhqf1fokZyK-61Q0Z1Q/viewform>