East Granby Parks and Recreation Presents:

**Minds in Motion: AI Smart core 4 robot**

Your child is registered for Minds in Motion: “AI Smart Core Robot”, through East Granby Parks and Recreation. The class will run **Tuesdays, 2/25 – 4/1, from 3:05 – 4:15 pm (snow day make up date: 4/7).** All classes will be held at the East Granby Senior/ Community Center, 20 Center Street, East Granby.

Alicia Van Neil, Director, and/or staff of East Granby Parks and Recreation will meet the students at Allgrove Elementary School at dismissal and will sign them out from school and transition them to the Minds in Motion program.

The permission slip below is required, by the school, for your child to be signed out by a Parks & Recreation Staff Member. **Please return the signed permission slip to** [**eastgranbyrecreation@gmail.com**](mailto:eastgranbyrecreation@gmail.com) **no later than February 18, 2025.** **DO NOT RETURN THIS FORM TO THE SCHOOL.** Please call the East Granby Parks and Recreation Office with any questions: 860-653-7660.

Students must be picked up **promptly at 4:15 pm** at the front door of Allgrove School. If someone other than a parent/guardian is picking up the child a note must be sent with them the day of the program and given to the East Granby Parks & Recreation staff member.

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My Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Grade\_\_\_\_\_\_\_\_/

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) has my permission to attend

Minds in Motion: “AI Smart Core 4 Robot” and be signed out from Allgrove School at the end of the school day, by Alicia Van Neil, Recreation Director, and/or the staff of East Granby Parks and Recreation on the following **Tuesdays: 2/25, 3/4, 3/11, 3/18, 3/25, 4/1** and be transitioned to the program. I will pick my child up promptly at **4:15 pm,** at the front door of Allgrove School.

☐In the event any of the scheduled classes are cancelled due to weather and need to be made up at the end of the session, I grant the above permissions for **4/7,** as well.

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Parent/Guardian Name Parent Cell phone or # where you can be reached during the program.

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Parent Signature Date

**East Granby Parks and Recreation**

79 North Main Street, East Granby, CT

Mailing Address: 9 Center Street, East Granby, CT 06026  
[eastgranbyrecreation@gmail.com](mailto:eastgranbyrecreation@gmail.com) | 860-653-7660