

Dear Parents and Guardians,

We are pleased to support your student in BEAM (Berkeley Engineers and Mentors) during the 10-11 School Year. BEAM is a free after school program sponsored by the University of California, Berkeley and taught by Berkeley engineering and science students.

Our goal is to introduce your child and his/her classmates to engineering, science and technology concepts. Over the course of the next 10 weeks, your child will participate in a weekly session where he/she will work on hands-on projects that teach them these concepts through experimentation and design. They will work closely with current UC Berkeley students who will act as mentors. We encourage you to visit the program in action at your child's school and see your child take on the role of a scientist.

Each child will be asked to complete a survey at the start and end of the program to help us evaluate BEAM. We will also interview some of the children to get their feedback on how to better serve them. Individual information will be confidential and results will be described for the group only. If you do not wish for your student to be interviewed, please contact us by emailing beam.teach@gmail.com or contacting your child's school.

Meeting Day/Time:

Teacher:

In the past two years of BEAM's existence, parents and students have told us that BEAM has had a very positive impact in helping expand students'confidence and interst in science and engineering. We are counting on your support to make BEAM a continued success and look forward to meeting you in the future.

Sincerely, Matt Ford and Aishwarya Jayagopal Co-Presidents of BEAM beam.berkeley.edu

Keep this first page for reference. Return the rest of the packet to BEAM.

BEAM CONTACT & INFORMATION FORM

Please fill out the following information. This will help us keep in touch with you to let you know about fieldtrips and other BEAM events.

Student Information Student's Name School Grade Home address City Zip code Student's home phone number Student's cell phone number Student's birth date Student's email address Allergies (if any) Have you been in BEAM before? ☐ Yes ☐ No If yes, at which school(s)? _____ **Parent Information** Parent's Name Home phone number Work phone number Cell phone number Email address Which way would you prefer we contact you? ☐ Phone ☐ Email If you would like materials translated, please indicate the language ______ For research and data purposes, please indicate your annual household income: ☐ Less than \$20,000 ☐ \$20,000 - \$39,999 ☐ \$40,000 - 59,999 ☐ \$60,000 - \$79,999 ☐ Over \$80,000

BEAM CONTRACT

We will:

- Introduce students to technology, science, and engineering in a program that is both educational and fun.
- Introduce students to role models who will share their exciting work in technology, science, and engineering
- Offer resources and guidance to help students and their families plan for a college-bound future.

Students will:

- Regularly attend their BEAM program
- Complete surveys at the start and end of each semester
- Be respectful of students and instructors and fully engage in activities

Families will:

- Support their student's participation in program meetings
- Encourage students to apply the concepts they learn at home and other environments

We agree to carry out all project responsibilities described.		
Student's name (print)	Student's signature	
Parent/Guardian's name (print)	Parent/Guardian's signature	
 Date		

BEAM

PARENT/GUARDIAN MEDIA RELEASE FORM

I,, he	ereby give permission for my child/ward,
(parent, guardian) (please print)	
, to appear in photo (full name) (please print)	os, films, videos, web site, or other media sponsored
by University of California's Berkeley Engineers and Natudent's school and other locations. I understand the without compensation, and that all material and image media will be owned solely by University of California BEAM to use images for education materials, brochuland other uses to support the BEAM program.	at participation in this event is purely voluntary and ges from this photo/film/video session(s) or other a's BEAM program. I hereby give permission to
I release the University of California, Berkeley and BE theft, or personal injury to my child/ward/self during charge to furnish reasonable emergency treatment d will be responsible.	or by reason of this activity. I authorize those in
Signature of Parent or Guardian	Date