

# Imagination and Ingenuity: Designing Eighteenth-Century Toys



**HS Grades 9-12**

**Date:** Wednesday, May 8, 2019  
**Seminar Time:** 9:00 AM – 2:00 PM (See transportation times and details below)  
**Location:** Rock Ford Plantation, 881 Rockford Road, Lancaster, PA  
**Registration Deadline:** Tuesday, February 19, 2019

**Description of Seminar:** Children in colonial America enjoyed playing with toys just like children today. In the early periods of American history, the toys that children played with often required a great deal of imagination, much more than what is commonplace today. Toys during this period were often handmade using simple, readily available materials such as wood, bone, paper, or clay. These unique and ingenious toys came to be known as folk toys which, with their simple rustic charm and durable nature, have continued to fascinate and entertain both children and adults for centuries.

In this SEE seminar, guided by Dr. Alex Johnson, Assistant Professor of Manufacturing Technology from Millersville University, students will examine, study and learn to build their own period correct folk toy using their own imagination and ingenuity along with period correct processes and materials. Beyond their experiences with toys, students will explore the ways 18th century objects relate to a range of academic fields.

**This seminar is aligned with PA Academic Standards in the following categories:** Career Education and Work; Arts and Humanities; History; English Language Arts; Science & Technology and Engineering Education

**Critical Thinking Skills to be developed through this seminar include:** Problem Solving; Creative Thinking; Self-Directed Learning; Interaction with Others; Decision Making; Higher-Level Thinking: Analysis, Synthesis, Evaluation; Effective Communication

**Presenters:** **Dr. Alex Johnson** joined Millersville University as an Assistant Professor of Manufacturing Technology in the Department of Applied Engineering, Safety & Technology. Prior to joining Millersville, he taught various courses in the area of materials & processes, manufacturing and other technical subjects at the University of North Dakota. **Mrs. Deborah Smith**, facilitator of Imagination and Ingenuity, is a retired Gifted Education teacher from Elizabethtown Area SD and design-based education advocate featured in the documentary, "The Sitting Machine." At Rock Ford she is the School Programs Coordinator and Vice President of the Rock Ford Foundation Board of Trustees.

## **What to Bring/Wear:**

- Bagged lunch and drink
- SEE permission slip/photo release form

**TRANSPORTATION** – For directions to this building, please refer to [www.iu13.org](http://www.iu13.org).

**Lebanon Students:** Bus will leave IU13, One Cumberland St., at **7:45 AM**, return at **3:15 PM**

**Lancaster Students:** Bus will leave IU13, 1020 New Holland Avenue, at **8:35 AM** and return at **2:25 PM**

***In case of inclement weather, visit [www.iu13.org](http://www.iu13.org).***

## **Contact:**

IU13, Janice Estabrook  
717-606-1732 • [janice\\_estabrook@iu13.org](mailto:janice_estabrook@iu13.org)



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# SEE SEMINAR PERMISSION SLIP

~ Please ask parent/guardian to complete and return ~

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Student's first & last name: \_\_\_\_\_

Name of School: \_\_\_\_\_

I authorize my student to attend the above-listed IU13 Student Enrichment Experience (SEE) Seminar. I have completed the information on this permission slip and have noted any special directions included with this form pertaining to the specific seminar.

Permission to Photograph	
I understand that Lancaster-Lebanon IU13 might take photos or video footage of participants attending an event for the purpose of publicizing future activities. These photos might appear in printed materials or electronic media. I understand that IU13 will respect the privacy of individuals who do not want to be photographed.	Please do <u>not</u> photograph my student. <input type="checkbox"/>
	It is OK to photograph my student. <input type="checkbox"/>

Allergy/Medical Conditions			
My student is allergic to: <i>(please circle)</i>	Bee/wasp stings	Peanuts	Please specify medical condition(s) that could impact student safety on this seminar:
	Poison ivy/oak/sumac	Tree nuts	
			My student has allergies and/or medical condition(s) indicated in this section. <input type="checkbox"/>

### Emergency Contact Information:

Parent/Guardian Name: (print)	
Home Phone:	
Work Phone:	
Cell Phone:	

By signing this form, I acknowledge my awareness of this SEE Seminar and release my student to be transported by either a private or district vehicle to the IU13 and related educational destinations and to be photographed at the seminar (unless box is checked above).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

ELIZABETHTOWN AREA SCHOOL DISTRICT  
STUDENT PERMISSION FOR FIELD TRIP

On 05/08/19 the EAHS gifted will travel to  
(Group)  
JW13 → Rock Ford Plantation We will be out of the District from 7:55 AM to  
(Place) (Time)  
2:55 PM . Transportation to the location will be by School van  
(Time) (Walking/bus/car)

Phone #s where parent/guardian can be reached on trip date: \_\_\_\_\_

Additional contact in the event that parent/guardian cannot be reached: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

I give my consent for my child \_\_\_\_\_ to participate in the field trip  
(Print Name)

described above. In the event that I cannot be contacted, I give my permission for my student to have emergency medical treatment.

\_\_\_\_\_  
Parent/Guardian Name (Print) (Signature) (Date)

Please complete the following medical/emergency information for your child:

Allergies: \_\_\_\_\_

My child has the following Health Needs/Current Medical Problems:

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

List equipment needs: \_\_\_\_\_

My child does require administration of the following medication during the field trip:

Name of medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

If there are special medical considerations for your child, would you be willing to chaperone for this trip?  
yes \_\_\_\_\_ no. \_\_\_\_\_ (If yes, wait to hear from the teacher before making your arrangements.)

If yes, \_\_\_\_\_  
Parent/Guardian Name/s Phone Number