

STEM in the City
2017 Registration Form

Student's Name _____ DOB _____ Age _____

Home Address _____

City _____ State _____ ZIP _____

Guardian Email _____

Student's School _____

Parent/Guardian Name (1) _____

Address _____

Phone Number (days) _____

Phone Number (evenings) _____

Parent/Guardian Name (2) _____

Address _____

Phone Number (days) _____

Phone Number (evenings) _____

MY STUDENT WILL ATTEND (CHECK ONE)

_____ Week 1 (July 17, 2017 – July 21, 2017)

_____ Week 2 (July 24, 2016 – July 28, 2017)

_____ Full Camp (July 17, 2016 – July 28, 2017)

PAYMENT

_____ Enclosed is a check in the amount of \$ _____

_____ I will pay with a credit card online (Visa, MasterCard, or Discover)

EMERGENCY CONTACT

In the event of illness or an accident requiring medical attention Wheelock College will call 911 first. We will then contact you at the number(s) provided above. If you child is not feeling well, we will contact you at the number(s) above. If we are unable to reach you in either instance, please provide information below on persons who can be contacted during the time your child is at Wheelock College.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PICK-UP AUTHORIZATION

If other than Parent/Guardian 1 and 2 above, please list the name of the person or persons who will pick up your child after each day-long session.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If your child will be taking public transportation or walking to and from Wheelock College, please indicate your approval and authorization by initialing below.

_____ My child will be taking public transportation or walking to and from Wheelock College.

_____ My child has permission to wait in Wheelock College Library if we arrive for pickup after 4pm.

SPECIAL MEDICAL/DIET CONSIDERATIONS

PLEASE SHARE SPECIFIC STRATEGIES TO HELP OUR FACULTY BEST SERVE THE INDIVIDUAL NEEDS OF YOUR CHILD (this information will be kept in confidence and is for our faculty’s use only)

PLEASE DESCRIBE YOUR STUDENT’S INTEREST IN STEM/YOUR GOALS FOR YOUR STUDENT FOR THIS STEM CAMP

HOW DID YOU HEAR ABOUT STEM IN THE CITY?

Signature of Parent/Guardian

Date

STEM in the City
Student Application

**To be filled out by the student*

What is your name (first and last)? Do you have a nickname you prefer?

What kind of extracurricular activities do you do?

What part of **STEM in the City** are you looking forward to most?

What do you hope to learn by participating in **STEM in the City**?

WHEELLOCK COLLEGE

Stem in the City Program Consent Form

I hereby authorize my child _____ to participate in **STEM in the City** at Wheelock College. I further authorize Wheelock College the absolute right and permission to use the image and/or voice of my child captured through video or digital camera for news releases, exhibitions, illustrations, advertising, or any other lawful purpose.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I hereby release Wheelock College from any liability for any alteration in my child's image or voice, whether intentional or otherwise, that may occur.

_____ Yes, I approve photography and video

_____ No, I prefer no photographs or video be taken of my child

I understand my child will be participating in field trips and leaving Wheelock's campus during the day under the supervision of Wheelock faculty, staff and appointees. I give permission for my child to participate in all STEM in the City related activities, field trips and excursions.

I understand that my child may be dismissed permanently from **STEM in the City** if s/he does not follow the rules set forth by Wheelock College and/or if a disciplinary problem arises. I understand that my child will be under the supervision of Wheelock College faculty, staff and appointees. I understand that despite the responsible supervision that Wheelock College will make in this connection, Wheelock College cannot guarantee against the possibility of accident involving my child. I hereby waive any claim that might be made against Wheelock College, its employees, and its agents in connection with any injury my child may incur, other than claim resulting from the gross negligence of Wheelock College, its employees, or its agents.

Child's Name (please print)

Signature of parent /legal guardian

Date

Name of parent/legal guardian (please print)

Parent/legal guardian address and phone number

**STEM in the City
Policies and Expectations**

- Students should plan to attend each day they are registered for. If your child must be absent, please give advance notice by calling 617-879-2339 or emailing efaszewski@wheelock.edu.
- We are not equipped to hold or administer medication, but upon written request we are able to remind students to take their medication.
- For early drop-off please register your child's arrival with the STEM in the City staff member in the Campus Center.
- Students should wear comfortable shoes for field trip outings.
- We accept responsibility for your child only when enrolled as a student in the **STEM in the City** program during the full hours of the program.
- We expect that students stay on the premises in designated, supervised areas. If your child has permission to do otherwise, let us know in writing. Of course, we can't be responsible for your child during that time.
- On off-campus visits we expect students to stay with the group and in designated, supervised areas.
- We expect that students will behave appropriately and respectfully to staff and fellow students. If a student exhibits behavior that is disruptive, including verbal abuse and vandalism, we'll first speak with the student. If the behavior is repeated, we'll contact you. And, if the behavior is repeated a third time, we'll need to dismiss the student from the program without a refund.
- We expect students will be considerate of others, physically and verbally, at all times and will refrain from running and rough-housing.
- We expect that our students will learn a lot, be safe, and have a great time!

Financial Policies

- As mentioned above, students who have displayed inappropriate behavior in three instances will be dismissed from the program without a refund.
- The camp runs Monday-Friday. We are not able to offer reduced prices if your child cannot attend the full camp.
- We are not able to offer discounts if you have more than one child attending the camp.

- Registrations cannot be split amongst children or families.
- If you cannot afford the full fee but are interested in the camp, please contact Ellen Faszewski at efaszewski@wheelock.edu or 617-879-2339. We can add your child to a waiting list. If sponsorship money becomes available we will accept students into the camp on a first come-first served basis.
- The registration fee must be paid in full before the first day of STEM camp.
- If you have to cancel your child's registration we are able to offer a refund of 75% if done so on or before July 1, 2017. The remainder covers the costs incurred up until this date.

_____We have reviewed the Wheelock College **STEM in the City** Policies and Expectations and agree with them.

Signature of Parent/Guardian

Signature of Student