

ART + SCIENCE = PROGRESS

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
 School Name _____ Grade _____ Birth date ____/____/____ Age _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ E-mail _____
 Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes___ No___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes___ No___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Lehigh Acres Middle School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION - \$50 due at time of application submission

Please circle how you heard about the LAMS S.T.E.A.M. Summer Camp.

Website School Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **LAMS STEAM Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Trenton Youth Filmmakers Mini-Camp and its affiliates.

Parent's/Guardian's Initials _____

Agreement of camp times

I understand my child needs to be dropped off for camp by 8:30 a.m. and must be picked up no later than 12:30 p.m. If I do not comply with the required times listed my child may be subjected to removal from the remaining camp days without a refund.

Parent's/Guardian's Initials _____

LAMS S.T.E.A.M. Summer Camp and its employees are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Camp Classes

I understand that my child will be able to take two classes during STEAM summer camp and that classes may fill up and alternate classes may be substituted.

Class Choice #1: _____

Class Choice #2: _____

Class Choice #3: _____

Class Choice #4: _____

Class Choice #5: _____

T-Shirt size: _____

Parent signature: _____

Scholarship Information

Lehigh Acres Middle School does have a scholarship available for students who might not otherwise be able to attend the summer camp. In order to apply for the scholarship, students must submit this application along with a personal essay explaining which classes he or she might like to take and how the classes might benefit the child in the future.