

**2014 Marian University STEM Summer Camp**

**Registration Form**

***Please print or type*.**

**Name of Camper:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

Nickname, if preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ 🗆 Female 🗆 Male

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY STATE ZIP

**Grade Level** (completed as of June 2014): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Will receive camp communication) LAST FIRST RELATIONSHIP

**Telephone Number**: HOME (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ CELL (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ADDRESS

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

TELEPHONE RELATIONSHIP

**Special Dietary Restrictions or Special Requests**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Important Medical Information** (allergies, diagnosed health conditions, medications taken every day, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Before-care Requested:** 🗆 Yes 🗆 No **After-care Requested**: 🗆 Yes 🗆 No

Before-care is available for the STEM Summer Camps from 7:30 – 8:30 a.m. for an additional charge of $25.00 per week.

After-care is available for the STEM Summer Camps from 4:30 – 5:30 p.m. for an additional charge of $25.00 per week.

\*After-care for Camp Invention is available from 3:30 – 5:30 p.m. for an additional weekly charge of $25.00 for each hour needed.

**Name(s) of people authorized to pick-up the camper**: (Attach separate sheet if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size**: Please circle one.

Children’s Size: SM MED LG Adult’s Size: SM MED LG X-LG XX-LG

**Is the camper . . . Answer yes or no**

* Participating in Free or Reduced Lunch Program \_\_\_\_\_\_\_\_\_\_
* The child or grandchild of a Marian University employee, alumni, \_\_\_\_\_\_\_\_\_\_

Trustee or student

Name of Marian University employee, alumni, Trustee or student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* A student at a Catholic school \_\_\_\_\_\_\_\_\_\_

**This information is requested by funders for reporting purposes**.

**Is the camper . . .**

🗆 African American 🗆 Asian 🗆 Caucasian 🗆 American Indian/Alaska Native

🗆 Hispanic or Latino Origin 🗆 Native Hawaiian/Pacific Islander 🗆 More than two races

🗆 Other

**Does the camper . . .**

Reside with: 🗆 Two Parents 🗆 Single Parent (female) 🗆 Single Parent (male) \_\_\_\_

🗆 Grandparent(s) 🗆 Other

**Was the camper . . .**

🗆 Foreign-born or a child of foreign-born parents

**Check the camp you are registering for.** Consider either the grade the camper will be completing before camp starts or the grade the camper will be entering in the fall 2013.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **🗸** | **This camp if for:** | **Name of Camp** | **The tentative camp theme is:** | **The dates are:** | **Registration Deadline** |
|  | **Grades K–1** | **STEM** | **Early STEM Explorers** | **June 9-13, 2014** | **May 19, 2014** |
|  | **Grades 2-3** | **STEM** | **Jr. STEM Explorers** | **June 9-13, 2014** | **May 19, 2014** |
|  | **Grades 4-5** | **STEM** | **STEM Adventurers** | **June 9-13, 2014** | **May 19, 2014** |
|  | **Grades 6-8** | **STEM** | **STEM Discoverers** | **June 9-13, 2014** | **May 19, 2014** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Grades K-1** | **STEM** | **Early STEM Explorers** | **June 16-20, 2014** | **May 19, 2014** |
|  | **Grades 2-3** | **STEM** | **Jr. STEM Explorers** | **June 16-20, 2014** | **May 19, 2014** |
|  | **Grades 4-5** | **STEM** | **STEM Adventurers** | **June 16-20, 2014** | **May 19, 2014** |
|  | **Grades 6-8** | **STEM** | **STEM Discoverers** | **June 16-20, 2014** | **May 19, 2014** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Grades K-1** | ***STEM*** | **Early STEM Explorers** | **June 23-27 2014** | **May 19, 2014** |
|  | **Grades 2-3** | ***STEM*** | **Jr. STEM Explorers** | **June 23-27 2014** | **May 19, 2014** |
|  | **Grades 4-5** | ***STEM*** | **STEM Adventurers** | **June 23-27 2014** | **May 19, 2014** |
|  | **Grades 6-8** | ***STEM*** | **STEM Discoverers** | **June 23-27 2014** | **May 19, 2014** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Grades 1-6** | **Camp Invention** | **Camp Invention** | **July 7-11, 2014** | ***Register directly with Camp Invention by July 7, 2014*** |
|  | **Grades 1-6** |  | **Aftercare for Camp Invention** | **July 7-11, 2014** | **June 27, 2014** |

**Registration for Camp Invention:**

**Marian University is hosting Camp Invention the week of July 7 – 11, 2014. To register or if you have questions, go to** [**www.campinvention.org**](http://www.campinvention.org) **or call the toll-free number 800-968-4332.**

**Camp Fees:**

**Marian University STEM Summer Camp**

$200 per week (8:30 a.m. – 4:30 p.m.)

$25 per week for aftercare from 4:30 – 5:30 p.m.

$25 per week for before-care from 7:30 – 8:30 a.m.

**Deposit for Marian University STEM Summer Camp:** At the time of registration, full registration fee is required or a non-refundable $50 deposit to hold a place on the camp roster**.** If a deposit is paid, the balance of the registration fee will be due by the registration deadline.  **Full registration payment is required by the deadline date – May 19, 2014**.

**Special Discounts: For STEM Camps only**

* 15% Discount - Child or grandchild of a Marian University faculty, staff, student, alumni or Trustee
* 15% Discount - Student who attends a Catholic school
* 50% Discount -Student who participates in the Free or Reduced Lunch Program
* Sibling discount -Full price for 1st sibling and 15% discount for each additional sibling
* Discounts also apply to before-care and after-care.
* Only one discount per camper

\* To discuss financial arrangements, contact Janice Hicks Slaughter at 317-524-7701.

**Registration/Payment Information:**

* The completed registration form and payment must be sent to: Marian University STEM Summer Camp, 3200 Cold Spring Road, Indianapolis, IN 46222.
* Checks can be made payable to Marian University STEM Summer Camp.
* Can make credit card payment by PayPal – see [www.marian.edu/EcoLab](http://www.marian.edu/EcoLab) (Summer Science Camps) for instructions
* Online registration is not an option at this time.
* Registration deadline is May 19, 2014.
* No refunds after three weeks prior to the camp.
* $50 deposit is non-refundable
* To register for Camp Invention, contact [www.campinvention.org](http://www.campinvention.org) or 800-968-4332.
* This registration form is also available at [www.marian.edu/EcoLab](http://www.marian.edu/EcoLab).
* You will receive registration confirmation by mail or email.

**Camp Invention**

$225 per week (9:00 a.m. – 3:30 p.m.)

\*$25 per week for aftercare from 3:30-4:30 p.m. / $50 per week for aftercare from 3:30–5:30 p.m.

\* To register for Camp Invention aftercare, submit the Marian University STEM Summer Camp Registration Form

**Participation Agreement:**

I wish to participate in the Marian University STEM Summer Camp. I agree to follow all the rules of the program. I will do my best to participate with a positive attitude, learn as much as I can, and respect myself, the staff, and other campers at all times.

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

**Camper’s Signature Date**

My child is participating in the Marian University STEM Summer Camp with my consent. It is understood that the upmost precautions will be taken to ensure his/her safety. I will not hold Marian University responsible for injuries sustained. I give my consent for my child’s name, voice, photograph, image, or likeness to be used by Marian University for any purpose in connection with the promotion or fundraising of Marian University. I give my consent for Marian University staff and volunteers to obtain emergency first aid treatment for my child. I authorize Marian University to arrange transportation as needed. I give my consent for my child to participate in any of the field trips and understand that I will be notified of these trips with as much notice as possible.

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

**Parent/Guardian Signature Date**

**If you have questions, contact 317-524-7701 office, 317-524-7701 fax, or** [**jhslaughter@marian.edu**](mailto:jhslaughter@marian.edu)**.**

**THANK YOU for registering for the Marian University**

**STEM Summer Camps!**