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*For Office Use Only:*

Date Received:

Registration Fee Received:

Deposit Received:

Notes:

Staff Initials:

**2016 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 COUNTY

**Grade Level** (completed as of June 2016): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

STREET CITY STATE

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

(Will receive camp communication) LAST FIRST RELATIONSHIP

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

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

**Emergency Contact**: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME ADDRESS

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

TELEPHONE EMAIL RELATIONSHIP

**Emergency Contact**: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME ADDRESS

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

TELEPHONE EMAIL RELATIONSHIP

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

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

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

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

Before-care is available from 7:30 – 8:30 a.m. for an additional charge of $25.00 per week. After-care is available from 4:30 – 5:30 p.m. for an additional charge of $25.00 per week.

**Name(s) of people authorized to pick-up the camper**: (Please include all names of people authorized to pick-up campers, including parents.) Attach separate sheet if necessary.

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

NAME TELEPHONE EMAIL RELATIONSHIP

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

NAME TELEPHONE EMAIL RELATIONSHIP

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

NAME TELEPHONE EMAIL RELATIONSHIP

**T-Shirt Size**: Please circle one. **Youth** **Size**: SM MED LG **Adult Size**: SM MED LG X-LG XX-LG

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

* Participating in the 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 🗆 Native American/Alaska Native

🗆 Hispanic or Latino Origin 🗆 Native Hawaiian/Pacific Islander 🗆 More than one race

🗆 Other (Please specify)

**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.** **IMPORTANT:** In choosing the grade level, consider either the grade the camper will be completing before camp starts or the grade the camper will be entering fall 2016. Your choice of grade level cannot be changed after registration.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **🗸** | **Grade Level** | **Name of Camp** | **The dates are:** | **Registration Deadline** |
|  | **Grades K – 1** | **Explore STEM: Living Things** | **June 13 – 17, 2016** | **May 20, 2016** |
|  | **Grades 2 – 3** | **Explore STEM: Living Things** | **June 13 – 17, 2016** | **May 20, 2016** |
|  | **Grades 4 – 5** | **Explore STEM: Living Things** | **June 13 – 17, 2016** | **May 20, 2016** |
|  | **Grades 6 – 8** | **Explore STEM: Living Things** | **June 13 – 17, 2016** | **May 20, 2016** |
|  |  |  |  |  |
| **🗸** | **Grade Level** | **Name of Camp** | **The dates are:** | **Registration Deadline** |
|  | **Grades K – 1** | **Explore STEM: Chemistry, Physics, and So Much More!** | **June 20 – 24, 2016** | **May 20, 2016** |
|  | **Grades 2 – 3** | **Explore STEM: Chemistry, Physics, and So Much More!** | **June 20 – 24, 2016** | **May 20, 2016** |
|  | **Grades 4 – 5** | **Explore STEM: Chemistry, Physics, and So Much More!** | **June 20 – 24, 2016** | **May 20, 2016** |
|  | **Grades 6 – 8** | **Explore STEM: Chemistry, Physics, and So Much More!** | **June 20 – 24, 2016** | **May 20, 2016** |
|  |  |  |  |  |
| **🗸** | **Grade Level** | **Name of Camp** | **The dates are:** | **Registration Deadline** |
|  | **Grades K – 1** | **Explore STEM: Earth and Space** | **June 27 – July 1, 2016** | **May 20, 2016** |
|  | **Grades 2 – 3** | **Explore STEM: Earth and Space** | **June 27 – July 1, 2016** | **May 20, 2016** |
|  | **Grades 4 – 5** | **Explore STEM: Earth and Space** | **June 27 – July 1, 2016** | **May 20, 2016** |
|  | **Grades 6 – 8** | **Explore STEM: Earth and Space** | **June 27 – July 1, 2016** | **May 20, 2016** |
|  |  |  |  |  |
| **🗸** | **Grade Level** | **Name of Camp** | **The dates are:** | **Registration Deadline** |
|  | **Grades K – 1** | **STEM and Nature** | **July 11 – 15, 2016** | **May 20, 2016** |
|  | **Grades 2 – 3** | **STEM and Nature** | **July 11 – 15, 2016** | **May 20, 2016** |
|  | **Grades 4 – 5** | **STEM and Nature** | **July 11 – 15, 2016** | **May 20, 2016** |
|  | **Grades 6 – 8** | **STEM and Nature** | **July 11 – 15, 2016** | **May 20, 2016** |

**Camp Fees:**

**Marian University STEM Summer Camp**

$225 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 for each week to hold a place on the camp roster**.** Until a deposit or the full registration fee is paid, a spot cannot be held 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 20, 2016.

**Special Discounts:**

* 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:**

* Online registration is available at<https://marianu.wufoo.com/forms/summer-camp-registration/> or

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 STEM Camps) for instructions
* Registration deadline is May 20, 2016.
* No refunds after three weeks prior to the camp.
* $50 deposit is non-refundable
* 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.

**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** [STEM@marian.edu](mailto:STEM@marian.edu), **317-524-7701 office, or 317-524-7701 fax.**

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

**STEM Summer Camps!**