



STEAM Summer Experiences Application 2015

Students entering 6th or 7th grade in Fall 2015

Summer Experiences:

Please check the Experience(s) you would like to participate in. **Only ONE per Week.**

WEEK 1: August 10th- 14th (8:30AM - 4:30PM)

- ☐ H2O Buffalo (\$50.00)
☐ Are YOU Healthy?: Sports Science (\$50.00)
☐ ~~Race to the Robotics Revolution (\$50.00) FULL~~

WEEK 2: August 17th- 21st (8:30AM - 4:30PM)

- ☐ ~~Project: Space Balloon (\$50.00) FULL~~
☐ Art + Science = Wonder (\$50.00)
☐ Robotic Ranger Adventure (\$50.00)

Student Information:

Student's Full Name _____
First Last MI

Home Address: _____
Number and Street Apt#

City: _____ State: _____ Zip Code: _____

Contact Number: _____ ☐ Home ☐ Office ☐ Cell

Date of Birth: _____ Gender: ☐ Male ☐ Female

Check all that apply: ☐ Black ☐ White ☐ Native American ☐ Hispanic ☐ Asian ☐ Other _____

Current School: _____ Entering Grade: ☐ 6th ☐ 7th

Parent/ Guardian Information:

Parent/ Guardian Name 1: _____

Relationship to student: ☐ Father ☐ Mother ☐ Guardian ☐ Stepparent ☐ Other _____

Home Address: _____

If Different from Students Number and Street Apt#

City: _____ State: _____ Zip Code: _____

Contact Number : _____ ☐ Home ☐ Office ☐ Cell

Contact Number : _____ ☐ Home ☐ Office ☐ Cell

Email: _____

Parent/ Guardian/ Emergency Contact Name 2: _____

Relationship to student: ☐ Father ☐ Mother ☐ Guardian ☐ Stepparent ☐ Other _____

Home Address: _____

If Different from Students Number and Street Apt#

City: _____ State: _____ Zip Code: _____

Contact Number : _____ ☐ Home ☐ Office ☐ Cell

Contact Number : _____ ☐ Home ☐ Office ☐ Cell

Email: _____

Medical Information:

Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler, etc), you must supply medication labeled with child's name and detailed instructions on administering medications prior to your child's attendance. Kits are returned if unused.

Offsite Activity Consent:

I give my child permission to participate in all EdCoWNY Summer Experience activities on and off site.

Parent Name: _____

Print

Parent Name: _____

Date: _____

Permission & Liability Waiver:

My child, _____, has permission to fully participate in EdCoWNY's STEAM Summer Experiences during the summer of 2015. I, as parent/legal guardian, do hereby grant the EdCo educators and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless EdCo and its agents from liability resulting from an accident. The New York State Good Samaritan Law will apply. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call paramedics. I understand that EdCo and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian. Enrollment for your child in EdCo's Summer Experience Program constitutes your agreement to this waiver. I understand that all Emergency Information on the Emergency Form must be completed before my child may attend an experience. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Parent Name: _____

Print

Parent Name: _____

Date: _____

Signature

Publicity Release Form (optional):

I authorize EdCo and EdCo affiliated schools to use a photograph or other image of my child for public relations purposes connected to this Summer Experience program and future programs associated with EdCo. I understand that my child's name will not be published with an image.

Parent Name: _____

Print

Parent Name: _____

Date: _____

Payment:

The cost of each Summer Experience is \$50.00. Students may participate in two experiences, one in Week 1 and one in Week 2.

Payment can be submitted as cash, check or money order, Payable to: **Education Collaborative of WNY, Inc.**

P.O. Box 745

Buffalo, NY 14215

Refund Policy:

Any refunds must be requested by August 1, 2015 in writing to Rick Bryan (rbryan@edcowny.org) If your student does not attend an Experience and a refund request is not made by August 1, 2015, registration fees will be forfeited by the payee.