



## Registration Form

(Please fill one form per child)

STEM4kids Summer Camps (Circle one): Half Day(AM) / Full Day

Camps Name: \_\_\_\_\_ week: \_\_\_\_\_

Grade in Fall 2017 (Circle one) KG 1st 2nd 3rd 4th 5th 6th 7th 8th

Student's Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Sex M\_\_\_ F\_\_\_ School

\_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Work \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Work \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Emergency Contacts:**

Name	Contact Phone Number	Relationship

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Provider \_\_\_\_\_ Policy Number

\_\_\_\_\_ Subscriber Name \_\_\_\_\_ List all medical and special

conditions such as allergies to food, medicine, etc.

List all individuals authorized to pick up your child (other than child's parents). Unlisted persons will not be permitted to pick up our child. Identification may be requested from listed individuals.

Name	Contact Phone Number	Relationship

Liability Release I, the undersigned, in consideration of participation in the programs offered by STEM4kids agree to indemnify and release the After school and summer classes and camps, its officers, staff and employees, from any and all liabilities from any injuries which may be suffered by the above named child, arising out of, or in any way connected with participation in the classes or activities offered by the program. I acknowledge that I have read the above agreement and release, and fully understand that I have assumed all the risks of injury that may occur in the activities offered by the program. I hereby further authorize the program as the agent for the above named child to consent to any medical diagnosis or treatment and hospital care rendered by and under the general supervision and advice of a licensed physician or surgeon in case of accident or illness during a session of any classes or activities offered by the program.

Parent's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_