



2021 eSTEAMed Community Camp Spring Registration Application

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 _____
Cell phone _____ E-mail _____

Parent/Guardian #2

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

Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

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

Emergency Contact #2

First Name _____ Last Name _____ Home 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

Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

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 a 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. I understand that the 2021 eSTEAMed Community Spring Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. 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's/Guardian's Initials _____

Please circle how you heard about the 2021 eSTEAMed Community Spring Camp.

Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement

Video and Photo Release

I hereby give permission for my child to be photographed during the **2021 eSTEAMed Community Spring 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 eSTEAMed Learning, Inc.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **2021 eSTEAMed Community Spring Camp** activities by mode of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

eSTEAMed Learning, Inc is not responsible for lost or damaged personal property. All scheduled events are subject to change, but not before notification if possible. 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. Parent and child content such as video, photos and quotes acquired during camp may be used for publicity purposes. By signing you agree to the policies and terms of the 2021 eSTEAMed Community Spring Camp.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Camp Rules

1. Do unto others as you want them to do to you (R-E-S-P-E-C-T)
2. Give everyone an opportunity to express their thoughts during discussions, etc (pay attention until it is your turn to talk)
3. Do not do activities outside of the instructors' instructions or permission
4. Pay attention and eliminate distractions
5. No fighting or bullying! Do not handle the situation on your own. Report conflict to your instructor.
6. Be open to learn and participate in all STEAM project-based learning
7. Ask for permission
8. Stay with your group during activities and field trips
9. Keep your hands and feet to yourself
10. No horse playing or foul language allowed

1st Offense

Student will receive a warning and parent contact will be made verbally by phone or in person to address the offense.

2nd Offense

Student will be omitted from one activity for the day and parent contact will be made verbally by phone or in person to address the offense.

3rd Offense

Student will be omitted from one activity for the day and the field trip for that week. Parent contact will be made verbally by phone or in person to address the offense.

4th Offense

Parent or guardian will be called to pick the student from the camp and will not be allowed to return to the camp unless the parent is present for supervision.



Behavior Contract

This document must be signed by parent and child by March 15th.

The 2021 eSTEAMed Community Summer Camp will provide a fun and loving environment. I agree it should be a safe place for learning as well. For the benefit of other students, staff, and myself, I agree to conduct myself in the following respectful manner:

- I will respect myself and others.
- I will listen to others including staff and fellow campers or staff.
- I will control my own behavior and use appropriate language.
- I will not cause physical or emotional harm to other campers or staff.
- I will follow the camp rules and the camp schedule.
- I will respect the environment, camp equipment, property, and other campers' belongings.
- I will participate in the learning experiences with the intention to learn more.
- I will not engage in or threaten abuse of any kind.

By checking the box in front of each rule, I am indicating that I have reviewed this Behavior Contract with my parent(s)/guardians and agree to abide by the rules. I understand that if I fail to follow any of these rules, I could be disciplined and/or sent home from camp at the discretion of the Camp Director. In the event that I am sent home, no refund will be given. Following these rules will help camp be a safer, happier environment for everyone.

Camper Name (Please Print): _____
Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____