

2025 eSTEAMed Commu	Middle	Last		Gender: Male Fema
School Name	MiddleC	Frade Birth date	/ /	Age
Street Address				· · · · · · · · · · · · · · · · · · ·
Town/City	State	Zip codeC	hild's Home Phone	
Parent/Guardian - Conta	ct Information			
Parent/Guardian #1				
	Last		Ms. M	Irs. Mr. Other
	StateZip Code			11
	E-mail			
Parent/Guardian #2				
First	Last		Ms. N	Irs. Mr. Other
Street Address				
Town/City	StateZip code	Home Phone	Day	time phone
	E-mail			-
Child lives with:				
Person responsible for paym Emergency Contact Infor	nent rmation – Alternate Pickup/			
Person responsible for paym Emergency Contact Infor Emergency Contact #1 First Name	ent	Release _Home Phone		_
Person responsible for paym Emergency Contact Infor Emergency Contact #1 First Name Cell Phone	rmation – Alternate Pickup/ Last Name	Release _Home Phone		_
Person responsible for paym Emergency Contact Infor Emergency Contact #1 First Name Cell Phone Emergency Contact #2	rmation – Alternate Pickup/ Last Name Email Last Name	Release Home Phone Home Phone	Relation to child	1
Person responsible for paym Emergency Contact Infor Emergency Contact #1 First Name Cell Phone Emergency Contact #2	rmation – Alternate Pickup/ Last Name Email Last Name	ReleaseHome Phone	Relation to child	1
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Person responsible for paym Emergency Contact Infor Emergency Contact #1 First Name Cell Phone Emergency Contact #2 First Name Cell Phone Please list those people include:	rmation – Alternate Pickup/ Last Name Email Last Name Email Last Name addition to parents/gua	Home Phone Home Phone Home Phone	Relation to child Relation to child Relation to child	
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Emergency Contact Infor Emergency Contact #1 First Name Cell Phone Emergency Contact #2 First Name Cell Phone Please list those people included in the contact #2 First Name Please list those people included in the contact #2 Please list those people included in the contact #2 Please list those people included in the contact #2 Please list those people included in the contact #2 Please list those people included in the contact #2 Please list any medical problem Medical Problem	Last Name Email Last Name Email Last Name Email Last Name Email Ho Lest Name And	Home Phone Home Phone Home Phone ardians who are permitted to the spital Preference maintenance medication (i.e., ment)	Relation to child Relation to child O pick up your child 3: e. Diabetic, Asthma	Seizures).
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Is your child allergic to any type of food or medication?



YesNo	_If yes, explain:		illingi	NC.		
	hild require a special	diet?				
		formation is to ensure that me	edical personn	el have details of any	medical problem which may interfer	e
In case of n	nedical emergency co	ontact:				
		Name		Phone #	Relationship to Child	
Contact	#1					
Contact	#2					
Contact	#3					
family phy	*	expenses will be my responsi hed, I hereby authorize my ch an)	· 1	ed by Certified Emerg	C 3	
Please circl	e how you heard al	out the 2025 eSTEAMed (Community	Summer Program.		
Website	School	Word of Mouth	Flyer	Other		
		Term	s of Agreem	ent		
Video and P	hoto Release					
and I will sp be used to ke purposes inc advertising, Learning, In	peak with my child of eep a journal of activi- luding flyers, brochu- his or her identity wil c. If you would like to	r children regarding best proties, to share during power powers, newspaper and on the intell not be disclosed, I do not exp	ractices for b int presentation. I under pect compens before being	eing photographed in ons and/or reports to constand that although mation and that all photogreesed, they will be	dge that they will be photographed in public. I understand the photos will our donors and for promotional y child's photograph may be used for os are the property of eSTEAMed emailed to you within 24hrs. You w	•
Transportat	ion Release	I	Parent's/Guar	dian's Initials		
		ansportation of my child for only the camp organizers.	official 2025 e	STEAMed Commun	nity Summer Program activities by	
		I	Parent's/Guar	dian's Initials		
eSTEAMed	Learning, Inc is not r	esponsible for lost or damaged	d personal pro	operty. All scheduled	events are subject to change, but not	

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 the 2025 eSTEAMed Community Summer Program may be used for publicity purposes. By signing you agree to the policies and terms of the 2025 eSTEAMed Community Summer Program.



Guardian Signature:	Date:
Printed Name of Parent/Guardian:	_



Program 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 program 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 on or before the day of the program

The 2025 eSTEAMed Community Summer Program 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 program rules and the program schedule. ☐ I will respect the environment, program equipment, property, and other participants' 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 the program at the discretion of the Program Director. In the event that I am sent home, no refund will be given. Following these rules will help our programs continue to be a safer, happier environment for everyone. Camper Name (Please Print): Camper Signature: Date: Parent Signature: Date:

