



A-STEM FOR LIFE® PROGRAM REGISTRATION FORM 2015 Proposed Schedules

Mail Registration/Medical forms to:
STEMPLOY LLC
A-STEM for Life Summer Camps
1346 Dogwood Avenue
Morgantown, WV 26505

REGISTRATION DUE DATE: May 15, 2015

Registration Fee: \$250 plus 6% sales tax per student is \$265/1 week (\$50 deposit required)
NO REFUNDS after 6/1/15 Make Check to STEMPLOY LLC

The A-STEM for Life programs consist of 2 project tracks (others may be added). Middle School Students (Fall 2015 6th, 7th, and 8th) can participate in more than one track. You can also sign up a team to attend the weekly tracks. Each track will be scheduled during the following weeks. Team/school competitions will be incorporated into the A-STEM of Mind and A-STEM for Life programs in future sessions. STEMPLOY's Career Center Learning programs offer internships and peer-to-peer learning. Therefore, other age groups are welcome. Please inquire if your older or younger student or child would like to attend the STEM programs.

Planned 2015 Summer Camps

Check date attending: Week: 1 **Astronomy - June 22-26, 2015**
 Week: 2 **Mobile Technology - July 6-10, 2015**

Middle Schools/Parents can choose to sign up individual students or can send a team of students to participate in the workshops. Ideally the team should consist of three to six youth (grade 6-8). Emergency contact/medical form required for each student.

CAMP MEMBERS										
YOUTH	First Name	Last Name	Gender	Phone #	Age	Grade	Science Grade	Math Grade	School	Payment
1.										
2.										
3.										
4.										
5.										
6.										
7.					NA		NA	NA		
7. Complete for Adult or Teacher volunteer					Note: If Adult volunteer is a Teacher, insert grade level					Total Payment

Following the camp, each team is expected to complete their project, develop an educational program regarding their project and present it to parents and visitors on the last day of camp. Students are also encouraged to present projects to teachers/peers when they return to school.

For more information contact: Info@STEMPLOY.com or (304) 685-6530 Visit us online for camp information: www.stemployp.com

Signature of Parent or Guardian: _____

Contact Number: _____ Email: _____



A-STEM FOR LIFE® PROGRAM REGISTRATION FORM

Student Emergency Contact Information	
Camper's Information	
First Name:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Primary parent/guardian	
First Name:	Last Name:
Address 1:	
Address 2:	
City:	State: Zip:
Email:	Primary Phone:
<input type="checkbox"/> Check if you are this person's parent or legal guardian. You must be the parent or legal guardian to register someone under 18 years old. By registering a child under 18, you are consenting to the collection of the child's information you are providing for the purpose of registration.	Signature: _____
	Date: _____
Secondary parent/guardian	
First Name:	Last Name:
Address 1:	
Address 2:	
City:	State: Zip:
Email:	Primary Phone:
<input type="checkbox"/> Check if you are this person's parent or legal guardian. You must be the parent or legal guardian to register someone under 18 years old. By registering a child under 18, you are consenting to the collection of the child's information you are providing for the purpose of registration.	Signature: _____
	Date: _____
Names of Adults allowed to pick-up this camper.	
1.	2.
How would you like to be contacted to confirm registration or with changes in camp schedules?	
<input type="checkbox"/> Phone <input type="checkbox"/> Email	



A-STEM FOR LIFE® PROGRAM REGISTRATION FORM

STEMPLOY's Camp Registration Information:

Camp Cost: \$250 per week plus 6% sales tax (\$265)

Pre Day Care: \$50

This price is for the total week, Monday thru Friday and includes up to ½ before camps starts. Notify STEMPLOY at least 24 hours in advance for early drop-off at 304-685-6530.

Post Day Care: \$50

This price is for the total week, Monday thru Friday and includes up to ½ after camps ends. Notify STEMPLOY at least 24 hours in advance for late pick-up at 304-685-6530.

Camp Hours:

Camp runs from 9 AM-4 PM Monday-Friday

Check in starts at 8:30 AM and all campers must arrive prior to 9:05AM. If a camper does not make it on time, they will miss their group and their camp fees may be forfeited.

Location:

Drop-off and pick-up for each camp yet to be determined. There will be sign-in and sign-out sheets.

STEMPLOY Camp Registration		Date:	Cost Per Camp:	Pre-Post Care:
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Payment Method

Check: #

(please make check payable to STEMPLOY LLC)

STEMPLOY LLC
1346 Dogwood Avenue
Morgantown, WV 26505

Billing Address:

City:

State:

Zip:

Email:

Phone:

I agree to pay the fee to STEMPLOY LLC for the above amount for registration in A-STEM camp(s).

Signature

Date



A-STEM FOR LIFE® PROGRAM REGISTRATION FORM
STEMPLOY's Program Health Form and Waiver

Camper's Medical Information	
First Name:	Last Name:
Date of Birth:	Gender:
Parent's Name:	Other Parent or Guardian:
Address:	City:
State:	Zip:
Primary Phone:	Email:
Name of Health Insurance:	Policy #:
Employer Name:	Employer Address:
Family Physician:	Physician Phone:
Please list any medical, physical, emotional, behavioral, or social condition that may affect your camper's experience.	List:
Please provide any information and special notes and strategies to address known conditions.	Notes:
Please check all that apply to the conditions of the camper.	<input type="checkbox"/> Allergies/Asthma <input type="checkbox"/> Allergies to Bee stings <input type="checkbox"/> Backaches or weak back <input type="checkbox"/> Bowel or bladder problems/Vomiting <input type="checkbox"/> Epilepsy or convulsive disorder <input type="checkbox"/> Hay Fever <input type="checkbox"/> Headache <input type="checkbox"/> Heart trouble or murmur <input type="checkbox"/> Poison oak <input type="checkbox"/> Respiratory problems <input type="checkbox"/> Sinus trouble <input type="checkbox"/> Diabetes <input type="checkbox"/> Other
If there are any allergies, conditions or others, please explain.	
Please list any allergies or dietary restrictions for your child. If none, please write "none"	
*Does your child require an EpiPen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Will your child require any medications while at camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No



A-STEM FOR LIFE® PROGRAM REGISTRATION FORM

If yes, please include the reason why they are taking it, the dosage, and the frequency. Medication brought to camp must be in original pharmacy container, with child'	
Do you want STEMPLOY Camps staff to administer any necessary medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
* Is your child up-to-date on all state-required immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Does your camper have any restrictions or adaptations that would prevent him/her from participating in camp activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any restrictions your camper may have:	

Camp Consent/Authorization:

The camper's medical conditions stated in this application are complete and correct. I hereby give permission to STEMPLOY personnel to contact medical personnel and arrange medical care and treatment in case of a medical emergency. I give permission to medical personnel to arrange any necessary related transportation for my child in the event of such emergency. The individual hereby releases and discharges STEMPLOY from any and all claims and demand of any kind for injury which the child may suffer or sustain directly or indirectly as a result of participation in STEMPLOY's A-STEM programs. In consideration of acceptance of this authorization, I waive and release all rights and claims that may arise against STEMPLOY and persons affiliated with this camp. I have been informed of the nature of the STEMPLOY program in which the camper is enrolled and understand there are no known risks associated with the camper's participation in the program activities.

By signing this form, the individual named below grants permission for their child(ren) to participate in the activities of STEMPLOY's educational program including hands-on science, technology, engineering, and math instruction to be conducted at selected locations. By his/her signature below, the parent agrees to assume all of the risks and responsibilities surrounding his/her child's participation in the Activities. Participants hereby acknowledge and consent that images from the above activities may be used for educational purposes.

I agree to the above conditions and disclaimers.

Signature of Parent

Date
