Science Week

@ SUMMIT HIGH SCHOOL

July 17-21, 9am to 3pm

A hands-on science camp for rising third through eighth graders!

SPACE MAKE AND TAKE PROJECTS! BIOLOGY GAS LAWS POLYMERS GIVEAWAYS! ENGINEERING GEOLOGY PROBLEM SOLVING! DNA CHEMISTRY TEAM WORK! LIGHT/ENERGY ECOLOGY EXPERIMENTS! BEES PHYSICS







DISCOVER

ANALYZE

CREATE

- \$160 on or before May 12, \$180 after May 12
- Registration deadline May 23
- Mail or drop off camp registration forms by Monday May 23.
- Visit us at http://www.wcs.edu/shs/stay-informed/

2830 Twin lakes Drive, Spring Hill, TN 37174 Contact: jenny.randolph@wcs.edu



$\label{eq:July 17-21, 9am-3pm} Inly 17-21, 9am-3pm \\ A science camp for rising 3^{rd} through 8^{th} graders.$

Mail or drop off this registration form with the registration fee by May 23. A confirmation of your child's enrollment will be emailed to you. Make your check payable to **Summit High School**, and mail to:

2830 Twin Lakes Drive Spring Hill, TN 37174 ATTN: Jenny Randolph

<u>Cost Information</u>	
Registrations received on or before May 12	\$160 (early registration discount)
Registrations received after May 12	<u>\$180</u>
Enrollment Information	
Camper's Name:	DOB:/ Male: Female:
Street Address:	Grade in the Fall:
School Attending:	Returning Camper? Yes / No
T-Shirt Size: (Youth sizes) M L (Adult Size	es) S M L XL
Parent Information	
Name(s):	
Address:	
	Work Phone
Email:	
(If there are special circumstances involving visitation and pick	up rights, you must provide legal documentation for these arrangements.)
Emergency Contact and Medical Information	
Contact Name:	Relationship to camper:
Home/Cell Phone:	Work Phone
List any allergies and treatment required:	
List any medications your child will be taking, in	cluding the dosage (our staff cannot administer medication)

List any medical, psychological, or behavioral conditions we should be aware of:

Physician's Name:	Phone:
Health Insurance Provider:	Phone:
Hospital of Choice:	
Additional Persons Authorized to Pickup (I Only those listed will be able to pick up a c	Beyond parents and emergency contact listed on previous page)
Name:	Relationship to camper:
Statement of Understanding and Permission	on Statements:
PLEASE INITIAL	IN THE DESIGNATED SPACES
1. My child has permission to participa	te in all Science Week activities.
2. I grant permission for photographs/releases that advertise and benefit the progra	videos including my child to be taken and used in media m.
proper medical treatment for my child. In the	by give permission to the Science Week staff to secure the event that I cannot be reached, I hereby give permission to aff to order any medical procedures deemed necessary by mpts have been made.
	ed in the program are expected to follow the rules estab- nd smooth operation of the program. If a discipline prob- procedures that will be followed are:
 Verbal warning and redirection Meeting with staff member, camper, and c Parent notification Suspension from our program from one to five used. No refund will be given. 	amp Director e days can occur if the following inappropriate behavior is
 Unwillingness to adhere to lab safety proc Harming another child or staff member Damaging, destroying, or stealing property Using foul language Being disruptive and/or uncontrollable in 	y
5. I understand that my child should we ence and lab activities.	ear appropriate clothing for his or her safety during all sci-
	ne doors of the school will open at 8:50am. Camp ends at 5 pm. I understand that if I do not pick up my child during a fee of \$1/minute.