EXPLORING SCIENCE & ART THROUGH YOUR ENVIRONMENT
2018 Community House STEAM Summer Camp Application

A free science and arts exploration camp open to underrepresented (students of color, first generation college, low income) middle school students. Developed and facilitated by Princeton University graduate students, undergraduates and alumni volunteers.

Please check below the STEAM week(s) that you are interested in attending. Each week will consist of sessions devoted to the science and math curriculum. Various arts activities related to the science focus will be woven in each week. Campers are asked to bring their own lunch, Monday-Thursday, with lunch provided by the camp on Fridays. Note that participation in the first week is strongly encouraged and will be a criterion for selection of campers.

STUDENTS WILL BE ACCEPTED IN A “FIRST-COME-FIRST-SERVED” MANNER AND ALL APPLICATIONS WILL BE DUE BY FRIDAY, JUNE 1, 2018. COMPLETED APPLICATIONS CAN BE RETURNED TO COMMUNITY HOUSE DIRECTLY OR SUBMITTED VIA EMAIL, MAIL, OR FAX.

CONTACT COMMUNITY HOUSE:
58 PROSPECT AVE, PRINCETON, NJ
EMAIL: HOUSE@PRINCETON.EDU
PHONE: 609-258-6136
FAX: 609-258-9070

PLEASE CHECK EACH WEEK THAT YOUR STUDENT WILL ATTEND. STUDENTS ARE REQUIRED TO COMMIT TO EACH WEEK IN ITS ENTIRETY.

- Thursday, July 05 – Friday, July 06, 9:00 am – 4:00 pm
  STEAM CAMP 101
- Monday, July 09 – Friday, July 13, 9:00 am – 4:00 pm
  AN EXPLORATION IN BIOLOGY & PERFORMING ARTS
- Monday, July 16 – Friday, July 20, 9:00 am – 4:00 pm
  AN EXPLORATION IN CHEMISTRY & CREATIVE WRITING
- Monday, July 23 – Friday, July 27, 9:00 am – 4:00 pm
  AN EXPLORATION IN ENVIRONMENTAL SCIENCE & MEDIA ARTS
- Monday, July 30 – Friday, August 03, 9:00 am – 4:00 pm
  AN EXPLORATION IN ARCHITECTURE/ENGINEERING & VISUAL ART
Community House STEAM Summer Camp
Standing with families since 1969

Registration Form
All Fields Must Be Completed.

Eligibility Requirements: To be eligible to participate in STEAM Summer Camp, Campers must:

- Be part of an underrepresented population (students of color, first generation college, low-income)
- Live in the Princeton Area or have a parent or guardian who works at Princeton University.

Student Information:

First Name: _____________________________________ Last Name: _______________________________________

Age:_________ Date of Birth:___________________ Gender:_____________________________________

School: _________________________________________ Grade:__________________________________

Home phone:_________________________________ Cell Phone: ________________________________

Home Address:________________________________________________________________________________
_______________________________________________________________________________________

Email Address:________________________________________________________________________________
_______________________________________________________

Parent/Guardian Information:

First Name: _____________________________________ Last Name: _______________________________________

Place of Employment: __________________________________ Work Phone:______________________

Home phone:_________________________________ Cell Phone: ________________________________

Home Address:________________________________________________________________________________
_______________________________________________________________________________________
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_______________________________________________________________________________________

Email Address:

_______________________________________________________________________________________

Emergency Contact Information (Must Be Different Than Parent/Guardian):

First Name: ___________________________ Last Name:_______________________________

Relationship to Student: ________________________________ Work Phone: __________________

Home phone: ___________________________ Cell Phone: ______________________________

Email Address:

_______________________________________________________________________________________

Name of a teacher or guidance counselor who will support your camp application:

_______________________________________________________________________________________

Please list 3 reasons why you want to participate in this STEAM summer camp:

1. ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
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Please tell us 3 things you hope to learn during summer camp:

1. _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

2. _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

3. _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
PARENT/GUARDIAN WAIVER AND CONSENT FORM

2018 STEAM SUMMER CAMP PARTICIPANT

Please indicate your consent by checking each box, initialing each section and providing your signature.
A student selected for this camp must have this form completed and signed.

- I certify that I am the parent or legal guardian authorized to sign this waiver and consent form on behalf of my child/ward (“Participant”).

Name of parent/legal guardian (print): ________________________________

Home address: ________________________________ Email address: ________________________________

Home Phone: ________________________________ Cell Phone: ________________________________

- Permission to participate and abide by code of conduct          Your initials
  I am the parent/guardian of ______________________, now known as Participant, and hereby give my permission for Participant to participate in the 2018 STEAM summer camp program with the understanding that there will be a variety of science-related activities and events associated with the camp’s daily programs which will take place on or near the Princeton University campus, unless otherwise notified. I understand that Participant will be required to sign a Camper Code of Conduct Agreement and should any rules be broken, it is at the discretion of camp staff to release Participant from the camp, upon notification to the parent/legal guardian.

- Permission to participate in field trips:                    Your initials
  I authorize Participant to go on field trips that may be scheduled and sponsored by Community House, with the right to forego his/her participation in as specific trip. I agree that neither I nor any member of my family will seek to hold Princeton University, Community House, and/or their respective students, officers or employees liable for any damage or injuries which may be sustained to my child. I, nor any member of my family, will hold Princeton University, Community House responsible for incidents beyond their control. I understand pursuant to New Jersey law that any damage or injury sustained by my child as a result of an automobile accident will be covered by my automobile insurance policy (under PIP/No Fault).
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- Permission to photograph or film participant: ____________ Your initials
  I grant permission to Princeton University to videotape, photograph or otherwise record Participant and to use such recordings and biographical data in any media, on a perpetual basis, for non-commercial purposes.

- Approval to participate, waive, release, agree to hold harmless ____________ Your Initials
  I hereby give my approval for Participant to participate in this program and waive, release, and agree to hold harmless the organizers, facilitators, teachers, participants, and any other personnel involved in the operation, organization, sponsorship, supervision or participation of this STEAM summer camp program, including without limitation, the Trustees of Princeton University, Community House, and their respective trustees, directors, members, officers, employees and agents from any claim or cause of action of any nature that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident, or illness to the Participant, arising in any way out of or in connection with the Participant’s participation in such program and activities.

______________________________  ____________
Parent/Legal Guardian Signature       Date
PARENT/GUARDIAN ACKNOWLEDGEMENT OF TRANSPORTATION
2018 STEAM SUMMER CAMP PARTICIPANT

Please indicate below how your child/ward will get to and from the STEAM summer camp program which will take place at Community House (58 Prospect Ave., 3rd Floor) on the Princeton University Campus.

- My child/ward, ________________ has my permission to walk from home to the program and back home after the program.

- My child/ward, ________________ has my permission to have the individuals noted below, drive him/her to the camp and pick him/her up from the camp.

  Name: ___________________________________________ Phone:_____________

  Name: ___________________________________________ Phone: ____________

  Name: ___________________________________________ Phone: ___________


________________________________________
Parent/Legal Guardian Signature

__________________________
Date
MEDICAL INFORMATION
2018 STEAM SUMMER CAMP PARTICIPANT

Please attach copies of information on the health and wellbeing of your child/ward ("Participant"), including copies of any health insurance cards or other documents. Include below, any information you feel is important for us to know that may affect the "Participant’s" ability to fully participate in the camp program. Read and review the permission statement noted below, providing your signature to indicate your approval.

- Permission for medical treatment for ______________________ and obligation to assume medical expenses:

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which medical treatment may be necessary, I hereby authorize an appropriate adult member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that, where practical, a representative of Princeton University will use all reasonable efforts to notify me prior to initiating medical treatment for the Participant. If I am not available, I give my permission to any such physician or other medical personnel to provide such medical treatment, as that individual deems medically appropriate. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

____________________________________                 ___________________________________
Parent/Legal Guardian Print Name                  Parent/Legal Guardian Signature

___________________________________________
Date