



## Community House STEAM Summer Camp

*Standing with families since 1969*

### EXPLORING SCIENCE & ART THROUGH YOUR ENVIRONMENT

2017 Community House STEAM Summer Camp Application

*A free science and arts exploration camp open to underrepresented (students of color, first generation, low income) middle school students who live in Princeton, NJ. 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.*

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**STUDENTS WILL BE ACCEPTED IN A “FIRST-COME-FIRST-SERVED” MANNER AND ALL APPLICATIONS WILL BE DUE BY FRIDAY, JUNE 2, 2017. 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](mailto:HOUSE@PRINCETON.EDU)

PHONE: 609-258-6136

FAX: 609-258-7377

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

**Wednesday, June 05 – Friday, July 07, 9:00 am – 4:00 pm**

STEAM CAMP 101

**Monday, July 10 – Friday, July 14, 9:00 am – 4:00 pm**

AN EXPLORATION IN BIOLOGY & PERFORMING ARTS

**Monday, July 17 – Friday, July 21, 9:00 am – 4:00 pm**

AN EXPLORATION IN CHEMISTRY & CREATIVE WRITING

**Monday, July 24 – Friday, July 28, 9:00 am – 4:00 pm**

AN EXPLORATION IN ENVIRONMENTAL SCIENCE & MEDIA ARTS

**Monday, July 31 – Friday, August 04, 9:00 am – 4:00 pm**

AN EXPLORATION IN ARCHITECTURE/ENGINEERING & VISUAL ART





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## Registration Form

*All Fields Must Be Completed.*

### 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: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_





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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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







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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**

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**





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## PARENT/GUARDIAN ACKNOWLEDGEMENT OF TRANSPORTATION 2017 STEAM SUMMER CAMP PARTICIPANT

Please indicate below how your child/ward will get to and from the STEAM summer camp program.

- 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



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## MEDICAL INFORMATION 2017 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

