



Amazing Science Camp for students currently completing 4th or 5th grade in Aurora!

This enrollment form needs to be **completed and returned to your child's school office by Thursday, April 17, 2014**.
Session is limited to 100 participants. You will be notified by mail of your child's placement.

The registration/donation fee is \$50.00 to cover the cost of field trips and supplies, additional donations are gladly accepted. Please make check out to: Communities In Schools and return payment on the first day of camp. Do not send payment to school. Scholarships available, contact Dr. Hipp.

Wednesday, June 11 – Tuesday, July 22, 2014 (Monday thru Thursday) 9:00 a.m. – noon Stephens Hall @ Aurora University

If any questions regarding the science camps, please contact Dr. Dan Hipp with Aurora University, at 630-844-4883 or email dhipp@aurora.edu. Please visit our website www.cisaurora.org for more information.

Today's Date:	Student's Grade Level (2013-2014):	Student's School ID #:	Student's State ID #:
STUDENT INFORMATION			
Student's Last Name	First	Middle	
Street Address	City	State and Zip Code	Student's Birthdate / / Age Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Language spoken in the home:	Free or reduced lunch: Yes No If yes, please circle which one.		
Ethnicity: Check all that apply	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific		

Mother's Name	Mother's Address if Different from Student's	Mother's Home Phone	Mother's Cell Phone Mother's Work Phone
Mother's Email Address:			
Father's Name	Father's Address if Different from Student's	Father's Home Phone	Father's Cell Phone Father's Work Phone
Father's Email Address:			

Other family members enrolling in program: **Separate registration packet must be completed for each child enrolling.**

First Name	Last Name	Student's Grade Level (2013-2014):
First Name	Last Name	Student's Grade Level (2013-2014):
First Name	Last Name	Student's Grade Level (2013-2014):

AUTHORIZED PERSONS FOR PICK UP AND EMERGENCIES

I authorize the following individuals to pick-up my child at any time including emergencies when a parent cannot be reached. I know these persons and agree to allow Amazing Science Camp staff to release my child into their care upon providing valid identification for verification purposes. In doing so, I relieve Communities In Schools and employees of all responsibilities for my child after he/she has been released from the program. Communities In Schools does not have the authority to deny a non-custodial parent his/her rights but does have full authority to regulate how those rights might be exercised when disputes between parents over the physical custody of a child intrude into the after school program scene. It shall be the policy of Communities In Schools to elicit written agreement between separated parents for the purpose of clarifying who may or may not pick up a child from the after school program. If required a court order will specify which parents may or may not have physical custody.

Name of person picking up	Home Phone Number	Cell Phone Number	Work Phone Number	Relation to Child

STUDENT MEDICAL HISTORY

Are there any special medical needs that your child has that we need to be aware of? YES NO If YES, please describe:

Any allergies? YES NO If YES, allergic to what?

Prior diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or ADD? YES NO If YES, describe treatment:

Any special education services or accommodations? Behavior or Physical? YES NO If YES, describe services:

Corrective lenses for vision? YES NO Hearing aids or FM system: YES NO

Attendance Policy and Dismissal Policy

Daily attendance is taken when your child comes to the *Amazing Science Camp*. Regular attendance and punctuality are essential.

Only authorized individuals will be able to pick up your child, and they will be required to show identification. **Dismissal begins at 12:00 pm and children will not be dismissed from the program prior to 12:00 pm each day.** Students enrolled are required to attend all four days of the program each week in order to make successful academic gains through the camp. We have committed staff assisting students and providing hands-on engaging activities during the camp up to dismissal time. It is important for each student to remain in the program for the full program hours to receive these benefits. If you are not able to have your student attend four days a week and remain until dismissal, we unfortunately will have to dismiss your child from the program and offer this program to other students able to make the commitment.

Please initial each statement below

		Please	
Initial	YES	NO	
			I give my permission for my student to be enrolled in the <i>Amazing Science Camp</i> , four days a week until dismissal each day.
			I do hereby give permission for the CIS staff to transfer my child off the property for the purposes of medical care as deemed appropriate and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by CIS staff, to hospitalize or secure proper treatment.
			I give permission for Communities In Schools and those community partners we may authorize to use any of my child's name, photographs, writings, artwork, and to film, and/or videotape and/or performance in any activity as part of the <i>MyTime</i> program for the purpose of promotional, marketing, publicity, or other purpose whatsoever without additional notification or approval by me for program activities (including websites, YouTube, Twitter and Facebook).
			I understand the <i>Amazing Science Camp</i> program is not able to provide one-to-one attended care during the program hours. Participants must be able to operate in a group with at least 8-10 other children and one adult staff member. Please contact Dr. Dan Hipp if you have questions or concerns.
			I understand the program dismisses starting at 12:00 p.m. each day. I also understand students must remain in the program until the 12:00 p.m. dismissal each day to receive the full benefits of the program from our committed staff and community partners.
			I give my student permission to participate in all activities and field trips sponsored by <i>Amazing Science Camp</i> and I agree to further release and hold harmless, Aurora University, Communities In Schools and City of Aurora including and not limited to their directors, officers, employees, partnering agencies in the <i>Amazing Science Camp</i> for liability associated with my child's/ward's participation in the <i>Amazing Science Camp</i> and I agree not to make any claim, suit or demand against the above mentioned agencies/entities for any injury or damage incurred on account of my child's participation in field trips and related activities.
			I authorize the <i>Amazing Science Camp</i> staff (collaborating with Communities In Schools, Aurora University and City of Aurora) to include my child in the evaluation of the <i>Amazing Science Camp</i> . This evaluation includes getting pre and post test information as well as information including attendance and asking my child to complete surveys or interviews. The surveys or interviews are to learn about my child's experiences including their attitudes and feelings about camp and knowledge they learned during camp. Copies of the surveys/interviews are available from the study coordinator. Reports about the program will not identify my child. I understand that my child is not required to complete these surveys and that he/she can stop filling out the surveys at any time. I understand that my child will not experience any negative consequences if I do not allow my child to participate in the evaluation. If you have questions about your child's rights as a research subject, you can contact Jane Davis, Chair of the Aurora University Institutional Review Board at (630) 844-4579 or jdavis@aurora.edu .
			Amazing Science Camp and Communities In Schools will permit the self-administration of inhaler medication by a student with asthma or other illness, if the following documents are provided by the student's parent or guardian. No other medication will be administered during the <i>MyTime</i> program. <ol style="list-style-type: none"> 1. Written authorization, signed by the parent or guardian; and 2. A written statement from the student's physician, physician assistant or advanced practice registered nurse, containing the following information: <ol style="list-style-type: none"> A. The name and purpose of the medication; B. The prescribed dosage; and C. The time or times at which or the special circumstances under which the medication is to be administered.
			I understand the program will follow Communities In Schools Code of Conduct Policies. The following disciplinary actions will be taken if the participant does not follow the rules of the program: <ul style="list-style-type: none"> ■ 1st Verbal Warning ■ 2nd Written warning/Phone call to parents ■ 3rd Suspension from the program 3 days/with phone call home ■ 4th Student will be out of the program/Parent and Student meeting Note: Depending of the severity of the action (the Program Coordinator will decide the severity of that action), a student can be suspended or discharged from the program immediately. Also, the Program Coordinator will keep an eye on every participant's behavior, and according to it, he/she will decide if the student will be allowed to participate in certain activities.

SELECTION CRITERIA

The target population for the program will be students currently attending 4th & 5th grade in Aurora. Special emphasis will be on students with a high interest in Science. Students will be recruited by school staff and administration.

I agree to all the above policies, rules and procedures of the *Amazing Summer Camp* program. I realize that the *Amazing Science Camp* is a voluntary program and not required. I also agree to support my child's learning and progression by adhering to the items contained in this packet.

It is the policy of the Board of Directors for CIS to prohibit discrimination against any student or staff on account of race, color, religion, national origin, age, sex, gender, marital status, or physical or mental handicaps.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

APPROVED

MAR 14 2014

By AU IRB
VOID AFTER ONE YEAR