REGISTRATION PACKET

June 23-27 Robotics Camp

For kids entering grades 3-7

Please complete one application form per child

**Please Print, Complete, and Mail to:**

**WMSI**

**PO BOX 671**

**Bethlehem, NH 03574**

## Camper Name D.O.B Entering Grade:

### Address

City State Zip Code

Telephone

Registration Packet Checklist:

\_\_\_ Online form

\_\_\_ Medical Release

\_\_\_Payment (minimum payment of $150 with registration. Full payment by June 16th)

\_\_\_ Liability release

\_\_\_ Dismissal form

\_\_\_ Parent Questionnaire

\_\_\_ Student Questionnaire

Thank you!

Questions? Contact Bill Church at 603-869-2037 or williamchurch@myfairpoint.net

**MEDICAL EMERGENCY CLEARANCE**

I authorize you to call EMS/Ambulance should a medical emergency occur.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s medical doctor address telephone #

Name of medical insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any information that may be necessary to know when working with your child:

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diet Restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like my child to use sunscreen given by the camp. \_\_\_\_Yes \_\_\_\_No

**PAYMENT INFORMATION**

**Camp Price***:* $300

**Minimum payment** of $150 is required to register for the camp.

Please make checks payable to: *White Mountain Science, Inc.*

**Full payment** is required by June 16th ***Please consider donating to our tuition assistance program***

**Donation amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount enclosed with this registration packet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *THANK YOU!***

**RISK STATEMENT/RELEASE OF LIABILITY**

I hereby request that my child be accepted to attend the White Mountain Science, Inc. Robotics Camp. I understand and am aware my child will be participating in indoor and outdoor recreational activities and the potential for catastrophic injury exists. I indemnify and hold harmless White Mountain Science, Inc. and/or its staff and volunteers from any and all liability claims, damage, injury, or illness sustained including death. I grant permission for White Mountain Science, Inc. to provide or obtain medical attention for my child in the event of sickness or injury. I grant permission for White Mountain Science, Inc. to provide medical professionals with information related to the sickness or injury being treated. I understand accident insurance is not included. Should my child require special medical treatment, prescriptions, or hospital care curing the camp session, parents/guardians shall bear the expense. I agree White Mountain Science, Inc. may photograph or videotape my child for use in promotional and social media materials. I understand that WMSI reserves the right to refund my camp payment for any reason.

Parent or Guardian (Clearly Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

**DISMISSAL FORM**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is permitted to leave with the people listed below at the end of each day. I understand that Robotics Camp staff and WMSI will not release my child to persons whose names do not appear below without my prior consent. I also acknowledge that Robotics Camp staff and WMSI are not responsible for my child after 3:00 pm and a $10 late dismissal fee will be charged for pick-up after 3:15pm.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has my permission to leave Robotics camp and walk or ride a bike home alone.

(Please circle one.) YES NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Parent's Signature Date

**Parents Questionnaire**

Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you want your child to gain from this experience?
2. What would you like us to know about your child?
3. What are your child's favorite games, toys, or main interests?
4. Are there specific areas in which we could help your child to grow and gain confidence?

5. Does your child have an Educational Plan or identified disabilities (learning, physical, social/emotional, attention)? If yes, please tell us more so we can match our instructional practices with your child’s needs.

#### Student Questionnaire

##### Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Circle the one that best describes you for each question.

1. In the last year, estimate how many hours have you spent building with things (such as with LEGO bricks)?

a.) less than 3 hrs b.) between 3 and 20 hrs c.) more than 20 hrs

2. Do you like to work on projects with other people?

a.) I like working with other people.

b.) It depends on the project or person.

c.) I always like to work by myself.

3. Do you ever think about how things work?

a.) Always b.) Sometimes c.) Never

Example if you wish to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. In LEGO building, do you consider yourself to be a(n)

a.) beginner b.) intermediate c.) expert

1. Check the statement(s) that apply to you when building with LEGO:

I can / do

* 1. build from a diagram \_\_\_\_\_\_\_\_\_\_\_\_
  2. create my own design \_\_\_\_\_\_\_\_\_\_\_\_
  3. need help to build \_\_\_\_\_\_\_\_\_\_\_\_