



GROWING FUTURE INNOVATORS, CREATORS, AND MAKERS FOR THE 21ST CENTURY

**STEM NOLA**

SCIENCE • TECHNOLOGY • ENGINEERING • MATH



## **STEM SATURDAY'S with Dr. Calvin Mackie Registration PACKET**

The following registration forms are to be downloaded, printed out, and returned to the STEM NOLA office via email, fax, or brought to the actual camp site on the day of participation. (This Registration Packet only needs to be completed once for your child(ren). Participants must be register for each session, each month. Registration includes general application, consent and policy forms. **Space is limited!**

**Students will be enrolled on a first come, first serve basis.** Applications will be accepted at the camp site, or emailed to [info@stemnola.com](mailto:info@stemnola.com).

**Note: Pre-Registration is required of all participants to hold your place in the camp. If you do not pre-register, we cannot guarantee a place for your child(ren).**

1. STEM NOLA Saturday Camps are open to Kindergarten (minimum 6 years old) through 12<sup>th</sup> Grade
2. Camp is held from 9:00 A.M until 12:30 P.M on the 2<sup>nd</sup> Saturday of each month with the Kick-off Saturday December 14, 2013. Program is scheduled for the 2<sup>nd</sup> Saturday of each month, unless otherwise announced.
3. A snack, water and juice will provided.

4. Camp activities include age appropriate grouping with opportunities for hands-on project-based outdoor activities, arts and crafts, career and college prep information, computer activities and science, technology, engineering and mathematics (STEM) activities. Age appropriate groupings will be offered

**Application Instructions:**

Please use a separate form for each participant and answer each question.

Submit completed Application by email, email: (need a STEMNOLA email)

Or Fax to 504-391-0760 or email to info@stemnola.com

Registration Dates:

- Applications will be accepted from December 2, 2013.

Participant Information:

Participant's Name: \_\_\_\_\_ Gender: M F

District and School: \_\_\_\_\_

Does student qualify for (Check): Free Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of 12/1/2013 \_\_\_\_\_

Grade (2013-2014) \_\_\_\_\_

Ethnicity/Culture/Race: Please Circle

Hispanic/Latino(a)

Black/African American

White/Caucasian

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Biracial

Multiracial

Other (Please specify): \_\_\_\_\_

Is early drop off (7:30-8:30am) needed before camp? Yes No

Has the participant attended any STEM Enrichment camp in the past? Yes No

**STEM NOLA Registration Form**

Name of Other Siblings Applying for Camp:

1. Name: \_\_\_\_\_ Grade (2013-2014) \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade (2013-2014) \_\_\_\_\_

3. Name: \_\_\_\_\_ Grade (2013-2014) \_\_\_\_\_

4. Name: \_\_\_\_\_ Grade (2013-2014) \_\_\_\_\_

Please attach additional sheet if needed.

Parent Information:

Parent/Guardian Name(s) \_\_\_\_\_  
\_\_\_\_\_

Primary Phone# \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Information:

Contact #1

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Contact #2

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Participant Health Information:

Does the participant have any special needs? Yes \_\_\_ No \_\_\_\_\_

If yes, please specify:

Camper's Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Blood Type \_\_\_\_\_

Does the camper have any health conditions (i.e. allergies, chronic conditions), prescribed medications, or special circumstances (i.e. religious convictions or legal arrangements) that we should be aware of?

[ ] NO [ ] YES (If yes, please explain on back. Please also list any prescribed medication(s) the camper will require.)

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

Name of camper's physician

\_\_\_\_\_

Office telephone number

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Name of camper's health/accident insurance carrier(s) and appropriate policy information:

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Carrier Policy number

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Parent/Guardian information:

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Relationship

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Day Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Signature / Date \_\_\_\_\_

Please provide the information of a responsible adult whom we can contact in an emergency if we are unable to contact you:

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Name Relationship

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Address

---

City State Zip Code

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Day Phone Number / Evening Phone Number

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**NOTE: PRICING**

**STEM NOLA Saturday Camp Costs:**

STEM NOLA programs are fee based and will be based on the social economic background of the parents of the participants. If a student qualifies for free lunch there is no fee (\$0), if a student qualifies for reduced lunch then their fee is (%50) or \$30 per session (Eligibility verification may be required . Payment is due to the Channel ZerO Group each week. Each participant is **\$60 per child/per week**. (NOTE: STEM NOLA Dec 14<sup>th</sup> KICK-OFF is FREE to everyone). If registering more than one kid, ask about the family rate.

Cash, Checks and all major Credit Cards will be accepted on site and at the website.

**STEM NOLA CONSENT FORMS**

**CONSENTS**

STEM NOLA is requesting parental/guardian consent as follows. Please read this document carefully and feel free to ask an STEM NOLA staff member or the Principal for more information as needed.

Name of Parent/Guardian Completing Form: \_\_\_\_\_

Child's Printed Name: \_\_\_\_\_

Consent for Services/General Release of Liability

I, the undersigned parent/guardian, agree that my child can participate in the services provided by **STEM NOLA**.

I release **STEM NOLA** from all liabilities to my child for all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property which my child may sustain or suffer during or arising out of services provided by **STEM NOLA** or transportation provided by **STEM NOLA**, whether caused by the acts or omissions of **STEM NOLA** officers, directors, employees, representatives, advisors, affiliates, divisions, departments, related entities, contractors, funding source and/or other agents ("Parties Released"). I agree to defend and indemnify the Parties Released from and against any and all liabilities.

Medical Authorization and Medication Requirements

In the event of injury or illness, I authorize **STEM NOLA** staff to take whatever action is deemed necessary for my child's health or welfare. I understand that EACPA staff will document these events and notify me as soon as possible if there is a need for medical attention. I consent to whatever medical treatment is required for my child, including admission to an emergency medical treatment facility, and I release the Parties Released from all costs incurred, and any claims arising from that medical treatment. Furthermore, I agree to defend and indemnify the Parties Released from and against any and all claims arising from medical treatment required by my child.

I understand that **STEM NOLA** staff will not administer over-the-counter or prescription medication to my child without my written approval. I understand all medication generally will be placed in a locked cabinet for the duration of the school day and administered only to my child as directed on the medication's label and only by **STEM NOLA** staff. I understand that it is a violation of **STEM NOLA** rules for my child to possess over-the-counter or prescription medication without the knowledge of **STEM NOLA** staff.

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

DATE \_\_\_\_\_

I affirm that I am the parent or legal guardian of the student specified above.

Parent/Guardian's Signature: \_\_\_\_\_

**STEM NOLA Consent Form #2**

Release for Supervision

I understand that my child could work with staff or volunteers that may be pursuing counseling degrees, professional licenses or other certifications ("Supervised Staff"). I understand that Supervised Staff may be gaining required experience by providing services to my child under supervision of other licensed professionals ("Supervisors"). I consent to the release of information to Supervisors for supervision purposes. I understand that Supervisors are under the ethical and legal guidelines which require information about the services provided to my child to be treated as confidential.

PARENT/GUARDIAN SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

Transportation Permission

I understand that based on the needs of my child he/she may need to be transported by **STEM NOLA** staff in company or personal vehicles. I hereby release the Parties Released from and against any and all liabilities to my child for any and all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, which my child may sustain or suffer during or arising out of the transportation provided by **STEM NOLA**, whether caused by the acts or omissions of the Parties Released. I agree to defend and indemnify the Parties Released from and against any and all Liabilities.

PARENT/GUARDIAN SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

Media Release

I, the undersigned parent/guardian, hereby give my consent for the release of reports, stories, videos, or pictures ("Materials") that may identify my child. These Materials may be used for educational, informational, promotional, marketing, commercial or other activities. I acknowledge **STEM NOLA's** right to prepare the Materials for publication or other use, including cropping, altering or changing the Materials at its discretion. I hereby release the Parties Released from all claims and liabilities arising out of or in connection with the use of the Materials. I understand that I do not have a right to royalties or payment in any form for these Materials, neither today nor at any future date.

PARENT/GUARDIAN SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

**Conditions of Authorization for All Consents**

I understand that I may revoke any or all authorizations provided herein, in writing, at any time, by providing the revocation notice, in writing, to the Principal. Revocation will become effective on the date the notification is received by **STEM NOLA** and will not apply to any actions that have already been taken in response to this authorization. All consents, unless revoked sooner, will expire one year from the date this document is signed, as reflected below.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by law and that if any portion of this Agreement is found to be invalid, the rest will continue in full legal force and effect. This Release contains the entire agreement between the persons named below and **STEM NOLA**. I understand the Release in its entirety and am signing voluntarily.

I agree that I have signed the consents on this form in exchange for my child's participation in services provided by **STEM NOLA**. Additionally, my signature affirms: (1) that I have read this document and have been offered a copy of this document; and (2) that the parent/guardian identified in this form is the parent or legal guardian of the student identified in this form.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## **STEM NOLA Camper Behavior Contract**

Camper Name: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Please review the following behavior contract with the camper. Ensure that he/she understands that he/she will be expected to follow all parts of the agreement while at camp. Failure to follow these rules will lead to disciplinary actions up to expulsion from camp, without refund.

The camper must read and initial each statement and sign, along with his/her parent or guardian, at the bottom to show that he/she agrees to abide by the rules and policies of the **STEM NOLA** program.

While at camp, I will:

\_\_\_\_\_ (camper initials) Make a strong effort to engage in camp programming and constructively work and interact with other campers.

\_\_\_\_\_ (camper initials) Respect the needs and feelings of others and show kindness to all with whom I come in contact.

\_\_\_\_\_ (camper initials) Show respect for camp staff through my attitude and behavior, including by following directions.

\_\_\_\_\_ (camper initials) Demonstrate a high-level of responsibility and care with University property (including room keys), my property, and the property of others. I understand that the destruction or defacement of property will result in disciplinary actions and monetary compensation for the damaged items.

\_\_\_\_\_ (camper initials) Wear clothing that is appropriate and shows respect for myself and others. My clothing will be size-appropriate, modest, and not display inappropriate or disruptive slogans, gestures, or brands.

\_\_\_\_\_ (camper initials) Limit my use of electronic devices, including, but not limited to, cell phones, music players, and hand-held games to non-instructional time. I am aware that loss, damage, or theft of such items is not the responsibility or concern of camp staff or employees.

While at camp, I will not:

\_\_\_\_\_ (camper initials) Use physical violence, violent language, or threats, which are disruptive or unlawful, including but not limited to:

- Fighting or using "Fighting words"
- Roughhousing or wrestling
- Physical or verbal threats
- Bullying or intimidation
- Use of weapons or other objects as weapons

\_\_\_\_\_ (camper initials) Bring items which are unlawful or prohibited, including but not limited to:

- Weapons of any kind
- Fireworks or explosives
- Drugs (including alcohol, cigarettes or any medication not listed on health forms)

\_\_\_\_\_ (camper initials) Abuse substances – including alcohol or drugs – or engage in inappropriate and/or dangerous use of classroom or household materials.

\_\_\_\_\_ (camper initials) Engage in behavior which is sexually inappropriate, threatening, or harassing. This can include, but is not limited to, sexual misconduct, exposing one's body or inappropriate nudity, and touching oneself or others in a sexual manner.

\_\_\_\_\_ (camper initials) Leave the camp without camp staff.

\_\_\_\_\_ (camper initials) Use profanity, but will maintain language and decorum appropriate for the classroom setting at all times.

\_\_\_\_\_ (camper initials) Bring video gaming systems, laptop computers, or televisions unless otherwise specified.

**STEM NOLA** camp staff will exercise a zero-tolerance policy concerning physical and verbal violence, illegal and prohibited substances and items, and sexually inappropriate activities.

Having read and understood the Camper Behavior Contract above, I agree to follow these policies during my time in the **STEM NOLA** camp program. I also understand that failure to comply with these policies will have consequences, which may include, but are not limited to, being prohibited from participating in some or all activities, being dismissed from the camp and sent home, and being prohibited from returning to this and/or future **STEM NOLA** camp programs.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **STAFF DISCIPLINE PROCEDURES**

**Staff will follow these disciplinary steps for each instance of misbehavior:**

**Code Blue:**

Verbal Warning –signals the camper to change his/her behavior.

**Code Green:**

Camper will be removed from group away from activity.

**Code Yellow:**

Parents will receive a call from a staff member to openly discuss behavior.

**Code Orange:**

Camper's parent/guardian will receive a written note from a staff member detailing the negative behavior and what needs to change.

**Code Red:**

Camper will have all Camp Privileges Revoked (with no refund) and may or may not be invited back.