



Niagara University College of Education Institute of Applied Learning

STEM CAMP 2015

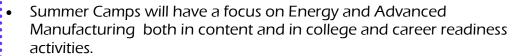
(Science, Technology, Engineering, and MATH!)

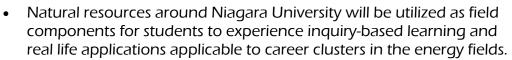
Use your energy to learn about energy!
Come and explore the many facets of ENERGY and
Advanced Manufacturing careers.

Open to students entering grades 3-8

July 20-23, 2015

8:30 am-4:30 pm





- All activities will be aligned to the New York State Learning, Common Core, College and Career Readiness Standards, and Next Generation Science Standards.
- The preparation of students/future workers; career opportunities in STEM areas will be incorporated into the curriculum.

Cost: \$100.00

(includes camp materials & lunch)

Transportation not

provided

For more information:

Please email: appliedlearning@niagara.edu or call (716) 286– 8309

Register by: May 25, 2015







STEM

Camp 2015

OFFICE USE ONLY

Summer Camp Registration			Date Re	Date Received: Amour		
			Method	of Payment: Ca	ish	Check #:
Child's Name:			Ag	ge: D	ate of Birth:	
	Last Name	First Name				
Address:				Home Phone	:	
City:		State:		– Zip:	:	
School:			Grade : (going into)	 Male	or Female	(Circle One)
Mother's Name:				Home Phone:		
Employer:			Work Phone:	-	Cell Phone:	
Father's Name:				Home Phone:		
Employer:			Work Phone:	-	Cell Phone:	
Family's Preferred En	nail Address:					-
Please list any o	ther adult permitted	to pick up your c	hild. A Photo ID	may be required	when picking	up a camper.
Name:		Relation to Child:				
	EMERGENCY C	CONTACTS: in case	of an emerger	ncy, the camp sho	uld	
Call Mother first				Call Father First		
In an EMERGENCY SI	— ΓUATION, if parent α	cannot be reached	call name(s) lis	sted below:		
Name:				Phone:		
Relationship to	child:					
Name:	-			Phone:		_
Relationship to	child:			<u> </u>		
						Last Updated 4/10/2015

Niagara University Summer Youth Camp Health Form

REGISTRATION CANNOT BE PROCESSED WITHOUT A COPY OF YOUR CHILD'S MOST RECENT VACCINATION RECORD FROM YOUR PHYSICIAN: (NYS HEALTH DEPT. REQUIRES THAT THIS BE UPDATED & SUBMITTED YEARLY.)

Parent or Guardian Health Inst	• • • — —	
Policy Number	Family Physician:	Phone:
My child has ha	d a physical examination rece Parent/Guardian Initials	ntly and may participate in all activities.
	HEALTH RE	CORDS
•	•	is required by the NYS Health Department. INLESS A COMPLETED SHOT RECORD IS
:	SUBMITTED WITH REGISTE	ATION AND DEPOSIT.
information will assist in making your	child's experience at Niagara Un in a 1:12 Counselor to Camper	ty of the summer camp's staff and your child. The required iversity's Summer Youth Camp a safe and enjoyable experience. ratio. False or inaccurate information could result in a child's
MEDICAL INFORMATION: Medicat	ion, Allergies, Ear Plugs (othe	r information)
PERSONAL INFORMATION: (any in	formation that will help our s	taff understand your child better)
HEALTH HISTORY: Please list allerg	ies, diseases, and/or medicat	ions (conditions physicians should be aware of):
staffing, equipment, or any other aspecauses of action, suits, damages, judg successors, assigns, heirs or distribute my child's attendance at the youth carules and regulations established by tearly notification will be given and de	ect of the youth camp. I release a ments, expenses, claims and de is may have against Niagara Uni imp as described in this registra he university is subject to dismi posit will be returned. I hereby	de no representations concerning the operation, supervision, and forever discharge Niagara University of and from all actions, mands whatsoever in law or in equity, that my child or I or our versity for any claim directly or indirectly arising from or out of tion. I understand that any camper who does not abide by the ssal without reimbursement or recourse. If enrollment is filled, authorize employees of the youth camp to act for me according All medical information pertaining to this registered camper is
Parent/Gua	ardian Signature	Date
		the image or likeness of your child for camp tions will be awarded for use of any pictures:
Make checks payable to "Niagara L	Jniversity"	Niagara University College of Education
Mail registration form, vaccination	_	Institute of Applied Learning P.O. Box 1930

Niagara University, NY 14109