



ThinkSTEM Summer Session Enrollment Packet

Rev. 4/15/2015

Student Full Name _____
Boy _____ Girl _____ Grade _____ School District: _____
Birth Date ____/____/____

Parent / Guardian Contact Info:

Name: _____
Phone (H) _____ (W) _____
Email: _____
Street: _____
Town _____ St _____ Zip Code _____

Emergency Contact 1:

Name: _____
Phone (H) _____ (W) _____
Email: _____

Emergency Contact 2:

Name: _____
Phone (H) _____ (W) _____

Email: _____

I consent to and authorize the ThinkSTEM personnel or their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

I authorize my child be dropped off/picked up from the ThinkSTEM Summer Session at Towanda Area Elementary School by the following person(s). In the event of an emergency, I will contact the ThinkSTEM Academy directly at: **570-231-4810**. If no authorization is supplied, all students will be required to arrive at and leave ThinkSTEM via the school district arranged transportation.

Alternate Transportation Provider Name:

Relationship to Student:

Student Allergies (Including Medications)

Student Severe Food or Insect Allergies

Student Medication Administration (Will the student need to take medications while at ThinkSTEM?)

Yes / No: Describe _____

Note: ThinkSTEM will not maintain or store medications. Students must be responsible for all medications).

Please provide any additional information which may be helpful to the staff (i.e. special needs, fears, behaviors, etc.). If you need additional space, please attach written information to this form.

School Related News and Appearances:

I authorize my child's appearance in photos or videos of ThinkSTEM related activities and grant permission for those appearances to be used for educational and/or promotional purposes.

Note: Any such materials (video, film, photographs, audio, and any other media) will be used with the highest integrity and discretion, with the intent to communicate responsibly and ethically, the subject matter contained therein.

Signature of Parent or Guardian (Named above)

Date: _____