

Institute for STEM Education



STONY BROOK UNIVERSITY

Holiday Science Camp

REGISTRATION FORM

Participant Name _____
last first middle

Mailing Address _____
street
_____ city state zip

School Name _____ Gender _____
School District _____ Grade (5, 6 or 7) _____
Phone # _____ Age _____
Parent Name _____ Parent E-mail Address _____

Students will be accepted on a first-come, first-serve basis. We will accept no more than 24 students in each session. Fee is **\$65 PER SESSION. PLEASE SEND A SEPARATE CHECK FOR EACH SESSION.** Checks should be made payable to the "Research Foundation of SUNY".

Please submit registration form and payment at least one week prior to start date.

***Programs that don't meet enrollment requirements will be cancelled
1 week prior. Please enroll early!!!***

Check off which program(s) your child will be participating in:

- September 22 9:00am – 3:00pm
- October 9 9:00am – 3:00pm
- November 10 9:00am – 3:00pm
- February 21 9:00am – 3:00pm
- April 3 9:00am - 3:00pm
- April 5 9:00am – 3:00pm

Please provide the following information:

Any pertinent medical information (including allergies):

Emergency Contact Information:

Holiday Science Camp

PHOTOGRAPH RELEASE

I give permission to the Stony Brook University to take photographs of my child,
_____, who is enrolled in the 2017-18 Holiday Science Camp. I understand that these photographs may be used in local or national media, as well as University brochures and other promotional material, including electronic media such as the Internet, for the express purpose of promoting Stony Brook University and its programs.

Student Signature

Parent Signature

Date

**Completed registration form, payment and a copy of your most recent report card
(used to verify grade) should be sent to:**

Institute for STEM Education
092 Life Sciences Building
Stony Brook University
Stony Brook, NY 11794-5233
Telephone: 631-632-9750
Fax: 631-632-9791
istem@stonybrook.edu