



# 2019 Summer STEAM Camp Registration Form

**Applicant Instructions:**

Please use a separate form for each participant and answer each question. Only students at East Austin College Prep Elementary may apply. Note: Program options vary by grade level. Some programs have eligibility requirements.

**Important Dates:**

- Applications due no later than June 12<sup>th</sup>
- STEAM Night, June 5<sup>th</sup> (Times TBA)

**Sessions:** Please check which session your child will be attending

- STEAM Age 6-5<sup>th</sup> grade Session:**
  - Monday – Friday
  - June 17<sup>th</sup> – July 26<sup>th</sup> (No Steam July 4th)
  - 8:30am – 1pm, Boys & Girls Club to follow until 5pm (must be a BGC member to attend)
- STEAM Pre-K-Kinder Session:**
  - Monday – Thursday
  - June 17<sup>th</sup> – July 25<sup>th</sup>
  - 8:30am – 3pm

**\*I understand that after three late pick-ups, my child may be removed from the STEAM camp program**

Parent Signature: \_\_\_\_\_

**Participant Information:**

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

Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Is the participant a student at East Austin College Prep Elementary?  Yes  No

**Transportation**

Will the participant be using EA Prep bus transportation?  Yes  No

Routes are not set, however If possible which route would work best for your child/ren:

**South:**

- Norman Elementary
- Houston Elementary
- Linder Elementary
- Metz Elementary

**North:**

- Pecan Park Mobile Homes
- Jordan Elementary
- Andrews Elementary
- 5000 Park @ Woodland Subdivision



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**Ethnicity/Culture/Race:** Please Check

- Hispanic/Latino       American Indian/Alaskan Native       Multiracial  
 Asian       White/Caucasian       Other: (Please specify)  
 Black/African American       Biracial

**Parent Information:**

Parent/Guardian Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Authorized for child pick-up: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Participant Health Information:**

Does the participant have any special needs?       Yes       No

If yes, please specify:

\_\_\_\_\_

Does the participant have any allergies?       Yes       No

If yes, please specify:

\_\_\_\_\_

Is the participant currently taking any medications?       Yes       No

If yes, will medication need to be administered during camp hours?       Yes       No

If yes, please specify:

\_\_\_\_\_

**Name of siblings applying for STEAM Camp at the Jain Lane Campus:**

1. Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_
2. Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_
3. Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Continue to next page**



**CONSENTS**

ACE at East Austin College Prep Elementary (ACE EACP) is requesting parent/guardian consent as follows. Please read this document carefully. For more information or clarification please contact East Austin College Prep or an ACE staff member.

Parent/Guardian Printed Name: \_\_\_\_\_

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

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

**Parent/Guardian Signature:** \_\_\_\_\_

**Consent for Services/General Release of Liability**

I, the undersigned parent/guardian, agree that my child can participate in the services provided by ACE EACP.

I release ACE EACP from all liability to my child for all damages, expenses, (including attorney fees), claim judgement, 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 ACE EACP, whether caused by the acts or omissions of ACE EACP officers, direction, 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.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
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**Medical Authorization and Medication Requirements**

In the event of injury or illness, I authorize ACE EACP staff to take whatever action is deemed necessary for my child health or welfare. I understand ACE EACP 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 release the Parties Released from all cost 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 ACE EACP 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 locker cabinet for the duration of the school day and administered only to my child as directed on the medication's label and only by ACE EACP staff. I understand that it is a violation of ACE EACP rules for my child to possess over-the-counter or prescription medication without the knowledge of ACE EACP staff.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
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**Field Trip Permission**

I hereby grant permission for my child to attend field trips sponsored by ACE EACP. All ACE EACP rules and policies shall apply while attending any field trips. I hereby release the Parties Released from and against any and all liabilities to my child for any and all damages expenses, claims, judgments, actions or causes of action as a result of any loss injury to the person or property, which my child may sustain or suffer during arising out of participation in the field trip, 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.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
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**Release for Supervision**

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I understand that my child could work with staff or volunteers that may be pursuing counseling degrees, professional license or other certificates (Supervised Staff). I understand that Supervised Staff may be gaining required experience providing services to my child under supervision of other licensed professionals (Supervisors). I consent to release information to supervisors for supervision purpose. 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.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
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**Transportation Permission**

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

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
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**Media Release**

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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 or other activities. I acknowledge ACE EACP'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.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
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**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 ACE EACP 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 ACE EACP. 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 ACE EACP. 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 of legal guardian of the student identified in this form.**

Student Name	Student Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	Date



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## 2019 STEAM Camp Behavior Agreement

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The staff at STEAM is dedicated to giving you the most valuable, safe, educational, memorable, and FUN summer experience. Please review our policies with your child(ren) before signing below.

### Rules:

1. Be safe
2. Re respectful (to staff, students, property, etc.)
3. Use appropriate language
4. No outside electronics or toys. Cell phones will need to be put away. Use of items during activities will result in confiscation and will be returned directly to parent/guardian. Note: EA Prep is not responsible for items participants bring to camp and will be unable to cover the cost under any circumstance.

Physical or verbal threats of violence in our programs will not be taken lightly. ACE STEAM Camp has ZERO TOLERANCE for violent, physical and/or verbal outbursts. Children displaying physical behavior or who engage in verbal threats will be immediately suspended from STEAM and run the risk of expulsion.

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

<b>Strike 1</b>	Verbal Warning – signals the student to change his/her behavior
<b>Strike 2</b>	Student will be removed from group away from activity
<b>Strike 3</b>	Student will receive a write-up detailing behavior. Staff member will inform parents via in person or phone call
<b>Strike 4</b>	If behavior continues or if behavior is severe student will be suspended from STEAM and may not be invited back
<b>Strike 5</b>	If behavior consists student may be expelled from STEAM

### **Signed Behavior Agreement**

I have read and understand the rules and consequences for failing to follow the rules. I understand that participants who refuse to comply may result in disciplinary action, which can include sitting out from participating, suspension from STEAM, or expulsion. I have also reviewed the policies with my child(ren) and explained the possible disciplinary actions to them.

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

\_\_\_\_\_  
Date

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





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***Great Futures Camp 2019***

***Must be a current or newly enrolled East Austin College Prep student.***

Child's Name	Age	Grade Completed	Session 1 6/3-6/7	Session 2 6/10-6/14	Session 3 6/17-6/28	Session 4 7/1-7/5 Closed 7/4	Session 5 7/8-7/12	Session 6 7/15-7/19	Session 7 7/22-7/26	Session 8 7/29-8/2	Session 9 8/5-8/9	Session 10 8/12-8/16

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



Office Use Only  
Entered MTS \_\_\_\_\_ Received by \_\_\_\_\_



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