



Contract for Mentoring Scientific Minds³ Summer 2019

Please fill out the complete application and medical history form and return with a statement of immunizations from your child's doctor, the non-refundable application fee of \$25 and a non-refundable deposit of \$275 to reserve your placement:

--Payment in full of \$1,800 for each two-week session plus a non-refundable application fee of \$25 is due no later than June 1, 2019. (We offer a discount of 10% per child for all applications that are accompanied by full-tuition payment by May 1, 2019 and for multiple siblings registered for the program.) Session I: \$1,650 (program is not in session for July 4th.)

--Full payment is required for all acceptances after June 1, 2019. No refunds after June 1, 2019.

--Call for clinical services available for additional fees: Speech/Counseling/OT/Reading

Please check the sessions in which you are interested: June 24-July 5 July 22-August 2 August 5-August 16

- Upon receipt of this application and the \$275 application fee/deposit, your child will be considered for participation in this program, based on a recommendation letter of a science/math teacher, and/or documentation by a neuropsychology report, and first come first serve basis. In the event your child is NOT accepted into the program due to lack of space or recommendation, your deposit and application fee will be returned in full.
- Official proof of most current immunizations must be provided on your child's doctor's letterhead.
- Any cancellations must be received in writing.
- We reserve the right to cancel this registration if fees are not paid in full by June 1, 2019.
- It is understood that no credit will be given for camp closings, absences, illness and injuries, family vacations, transportation delays, or withdrawals.
- It is understood that all photography or videos taken at The Long Island Whole Child Academy and Mentoring Scientific Minds³ summer program can be used for promotional purposes for Long Island Whole Child Academy marketing and promotional materials or in other endeavors directly relating to summer program and/or school operations, including end-of-session student projects, and I agree with the terms above that serve as a Publicity Release.
- I understand and acknowledge the risks related to my child's participation in the Mentoring Scientific Minds³ Summer Program 2019 and hold The Long Island Whole Child Academy their directors, officers, trustees, employees and volunteers harmless for any and all injury or loss associated with such participation.
- I have read and agreed to all of the above.

Parent/guardian signature

date

Please print

APPLICATION

NAME _____
(Last) (First) (M.I.) (DOB)

School: _____ September Grade Level _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____

Business/Cell Phone: _____

Email address: _____

Second parent /Guardian Name: _____

Home Address: _____

Home Phone: _____

Business/Cell Phone: _____

Email address: _____

If not available in case of an emergency, contact:

(Name) (Relationship to student) (Phone)

(Address) (Zip code)

Please list the name(s) of person(s) authorized to pick up student at the end of each session:

Medical History Form

To be filled out by Parent/Guardian:

(Last Name) (First) (M.I.) (DOB)

Parent/Guardian (Cell Phone)

Home Address City State Zip

If not available, in case of emergency, please notify:

Name Phone

Address City State Zip

Health History: Check and indicate approximate dates, if applicable:

Allergies ____

Asthma ____

Bleeding/Clotting Disorder ____

Convulsions/Epilepsy ____

Diabetes ____

Ear infections (Frequent) ____

Heart Defect/disease ____

Hypertension ____

If allergies, please list: _____

Operations or serious injuries & dates: _____

Disability or chronic or recurring illness: _____

Any specific activities to be limited by Physician's advice: _____

Other diseases or details of above:

(Name of Family Physician) (Phone)

Family medical Insurer: _____

Policy or Group number: _____

Suggestions or health-related information for Camp Personnel:

EMERGENCY CONTACT FORM

Participant's Name, please print

Participant's address

Parent/Guardian cellphone
(Or personal cellphone for staff members only)

Parent/Guardian email address: Please type or print carefully
(Or personal email address for staff members only)

Person(s) to contact in case of emergency:

1.

Name, please print

Relationship to participant

Home phone

Cellphone

2.

Name, please print

Relationship to participant

Home phone

Cellphone

3.

Name, please print

Relationship to participant

Home phone

Cellphone

Pediatrician's name

Telephone number