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			
	ns that don't meet e	nrollment	t at least one week prior to s requirements will be cancell enroll early!!!	
Check off which p	rogram(s) your child wi	ill be particir	pating in:	
October 3	9:00am – 3:00pm		the Outdoors	
October 12	9:00am – 3:00pm	All about	the Human Body	
O November 1	1 9:00am – 3:00pm	All about	the Solar System	
O February 22	9:00am – 3:00pm	All about	Dinosaurs	
O April 11	9:00am - 3:00pm	All about	Marine Biology	
O April 13	9:00am – 3:00pm	All about	Natural Disasters	
-	e following informatio lical information (includ):	
Emergency Contac	et Information:			

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Holiday Science Camp

PHOTOGRAPH RELEASE

versity to take photographs of my child,
rolled in the 2016-17 Holiday Science Camp. I
a local or national media, as well as University
ing electronic media such as the Internet, for the
ersity and its programs.
Student Signature
2. W. C. C. C. S. S. W. C.
Parent Signature
Date
i .

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

Fax: 631-632-9791 istem@stonybrook.edu