

2010 Children's School of Science Registration Form

(Please fill out a separate form for each child that is applying.

Health form on reverse side must be completed.)

The Children's School of Science, Inc. does not discriminate on the basis of race, color, sex, religion, or national or ethnic origin in registering students, awarding aid, hiring staff, or administering its programs and activities.

Student Name: _____ Birthdate: _____

Parent/Guardian name: _____ Siblings in CSS: _____

Winter Address: Street _____ City _____

State _____ Zip Code _____ Check here if this is a new address

E-mail _____ Winter phone: _____

Summer address: Street _____ City _____

State _____ Zip Code _____ Summer phone: _____

Cell phone: _____

Parent/Guardian name and address while student is enrolled at CSS (if different from above):

We request, but do not require the following information to comply with U.S. Government monitoring regulations:

Race and/or Ethnic Origin _____

COURSE SELECTION			
	course name	session	time
Course(s) Requested			
Alternates, should your first choice(s) be unavailable			

A \$30 fee is due with this application. In addition to the application fee, tuition for one six-week course is \$400. Tuition for one three-week course is \$240. The application fee will be returned if your child is not placed in a course, but it is non-refundable if you voluntarily withdraw from a course in which your child has been placed.

You will receive a bill for tuition for the courses in which your child has been placed with the placement confirmation. **Failure to remit tuition by May 15 will result in forfeiture of a place in the class.**

Scholarships: Partial scholarships are available for those truly in need. Please send a written request for financial aid along with your registration, explaining your need, and a letter certifying financial need from a counselor, clergy, or social worker.

THIS REGISTRATION FORM, THE HEALTH FORM AND THE \$30 APPLICATION FEE
MUST BE RETURNED BY MARCH 31 to:

CSS PO BOX 522 WOODS HOLE, MA 02543

Please fill out ALL of this registration page or it will be returned and registration will be considered incomplete.

VOLUNTEER SERVICE

CSS is run by volunteers. All parents are asked to volunteer whenever possible; however at a minimum, all parents of enrolled children must provide transportation for at least one field trip, or work at the CSS front desk for two class periods per three week period enrolled. For a six week course, it is expected that a parent will drive for two field trips or work at the desk for four class periods per child. Please note additional children are not permitted to accompany parents during volunteer duties.

I prefer to be assigned to desk duties _____ or transportation _____.

My vehicle has a capacity of _____ seat-belted seats, including the driver.

My vehicle is insured and all drivers will be over 25 yrs. old with a valid drivers license. _____(initial)

I am willing to volunteer more than the minimum _____ (initial)

CSS Committee chair people frequently need assistance with specific tasks. Please check the committees on which you would be willing to volunteer.

Hospitality – Food ____ Set up/Clean Up ____ Mailing ____ Ways and Means (Logo Item Sales) ____ Development ____

Publicity ____ Centennial Planning ____ Technology/Web Design ____ Family Tree Project ____

In preparation for its Centennial Celebration (2013), the Children’s School of Science (CSS) anticipates publishing students’ names, images, and classroom work in CSS publications and public relations efforts. These might include, but are not limited to, reproduction of photographs, video/audio recordings, quotations, and artwork in the following: the school’s website, newsletters, brochures, publications, and slideshow.

These images will be used solely for public relations and education about the school’s history and purpose, as well as fund raising efforts in support of CSS and its mission.

This form asks for consent to use your student’s name, image, work, and/or words in the school publications referenced above. Please choose an option below and sign next to it. If this form is not signed, this will be regarded as “consent” by CSS.

Consent: _____ Do NOT Consent: _____

HEALTH FORM

Please print answers to all questions. One form per student.

Student’s name: _____

Allergies (include stinging insects): _____

Drug allergies (penicillin, insulin, etc.) _____

Immunization: Tetanus, date of last booster: Month _____ Day _____ Year _____ (MUST be completed)

Any other health problems? (diabetes, epilepsy, asthma, etc.) explain:

Is your child taking any medication regularly at this time? No _____ Yes _____ If yes, please specify

Special Notes/ Advice to teacher of a special situation (hyperactivity, hearing impaired, etc.)

I give permission for emergency medical care to be given to (child’s name) _____ if s/he requires it, and is brought to the hospital by a staff member of the Children’s School of Science. I understand that every effort will be made to contact me.

I have read and agreed to the policies in the Parent Handbook (available at www.childrenschoolofscience.org or by mail upon request).

Parent/Guardian signature: _____ Date: _____

Insurance Co. _____

Group/policy # _____

Home pediatrician: Name: _____ Phone: _____

Emergency contact if parent is not available _____

Phone # _____ Relationship to child _____