

The Help Group's STEM³ Academy

2020 STEM Summer Camps Registration Form

CAMP SELECTION

Please select which camp(s) you are interested in having your child attend.

Valley Glen

- Week 1: 6/15- 6/19**
Engineering & Design
Cost: \$600
- Week 2: 6/22- 6/26**
Technology, Art & Design
Cost: \$600
- Both week 1 and week 2**
Cost: \$1,000

Irvine

- Week 1: 6/22- 6/26**
Engineering & Design
Cost: \$600
- Week 2: 6/29- 7/2 (No class 7/3)**
Technology, Art & Design
Cost: \$600
- Both week 1 and week 2**
Cost: \$1,000

Culver City

- Week 1: 8/3 - 8/7**
Engineering & Design
Cost: \$600
- Week 2: 8/10- 8/14**
Technology, Art & Design
Cost: \$600
- Both week 1 and week 2**
Cost: \$1,000

Student's Information

Child's Last Name

Child's First Name

Child's Middle Name

Child's Date of Birth

Child's Age

Child's School Name

Child's Grade in September

Child's Gender Identity

Child's Preferred Pronouns

Child's Home Address

City

State/Zip

Phone Number

Parent/Guardian Information

Parent/Guardian One's Name

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Home Phone

()

Cell Phone

Parent/Guardian Two's Name

()

Home Phone

()

Cell Phone

()

Work Phone

Email Address

()

Work Phone

Email Address

PLEASE LIST ALL SIBLINGS AND THEIR AGES

Additional Information

WHAT TYPE OF EDUCATIONAL SETTING DOES YOUR CHILD ATTEND?

- | | |
|--|---|
| <input type="checkbox"/> Regular Ed/Inclusion | <input type="checkbox"/> Non-Public Special Ed School |
| <input type="checkbox"/> Special Education (part of the day) | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Special Education (full day) | <input type="checkbox"/> Has a 1:1 aid at school |

WHAT OTHER SERVICES IS YOUR CHILD CURRENTLY RECEIVING?

DOES YOUR CHILD HAVE ANY SPECIFIC DIAGNOSES?

- Yes No

IF **YES**, PLEASE LIST EACH DIAGNOSIS AND THE DATE THE CHILD WAS DIAGNOSED

IS YOUR CHILD ON ANY MEDICATION?

Yes

No

IF **YES**, PLEASE LIST MEDICATIONS, DOSAGE, AND TIME OF ADMINISTRATION

DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICAL RESTRICTIONS OR PHYSICAL RESTRICTIONS?

Yes

No

IF **YES**, PLEASE EXPLAIN

DOES YOUR CHILD HAVE A HISTORY OF SEIZURES?

Yes

No

IF **YES**, PLEASE EXPLAIN

IS YOUR CHILD ON A RESTRICTIVE DIET (E.G. DAIRY FREE, GLUTEN FREE)?

Yes

No

IF **YES**, PLEASE EXPLAIN

ARE THERE FOODS THAT YOUR CHILD WILL NOT EAT? ARE THERE SPECIFIC FOOD ITEMS THAT TRIGGER BEHAVIORS?

WHAT ARE YOUR CHILD'S MAIN AREAS OF INTEREST AND FAVORITE ACTIVITIES?

WHAT ACTIVITIES/TASKS DOES YOUR CHILD NOT LIKE TO ENGAGE IN OR IS RESTRICTED FROM PARTICIPATING IN?

PLEASE LIST YOUR CHILD'S STRENGTHS OR SPECIAL TALENTS (E.G. MUSIC, ART, BUILDING THINGS)?

WHAT ARE YOUR GOALS FOR YOUR CHILD WHILE THEY ARE INVOLVED WITH THIS PROGRAM?

IF YOU HAVE ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELPFUL TO US, OR THAT YOU WOULD LIKE US TO KNOW, PLEASE FEEL FREE TO ADD YOU COMMENTS TO THE AREA BELOW

HOW DID YOU HEAR ABOUT THE STEM3 ACADEMY SUMMER CAMP & SUMMER SCHOOL PROGRAM?

By signing below, I authorize investigation of all statements contained in this Application to the program as may be necessary in arriving at an admission decision. In the event of admission, I understand that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission.

Signature of Parents/Guardian of Minor

_____/_____
Date

Participant's Age