

# The Help Group's STEM<sup>3</sup> Academy

## 2020 STEM Summer Camps Registration Form

### CAMP SELECTION

Please select which camp and dates you are interested in having your child participate.

#### 2020 Virtual STEM Summer Camp: STEM! Art! Design!

Week 1: 6/22- 6/26

Week 2: 6/29- 7/3

Both Week 1 and Week 2

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### Student/ Camp Participant'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

\_\_\_\_\_  
Country

\_\_\_\_\_( )\_\_\_\_\_  
Phone Number

IS PARTICIPANT A CURRENT HELP GROUP STUDENT OR CLIENT?  
IF SO, WHICH SCHOOL OR PROGRAM?

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## Parent/Guardian Information

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Parent/Guardian One's Name

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Home Phone

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Cell Phone

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Parent/Guardian Two's Name

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Home Phone

( )

Cell Phone

( )

Work Phone

Email Address

( )

Work Phone

Email Address

PLEASE LIST ALL SIBLINGS AND THEIR AGES

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WILL ANY SIBLINGS BE PARTICIPATING IN CAMP AS WELL? (NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH PARTICIPANT)

Yes

No

## Additional Information

WHAT TYPE OF EDUCATIONAL SETTING DOES YOUR CHILD ATTEND?

Regular Ed/Inclusion

Non-Public Special Ed School

Special Education (part of the day)

Private School

Special Education (full day)

Has a 1:1 aide at school

WHAT OTHER SERVICES IS YOUR CHILD CURRENTLY RECEIVING?

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DOES YOUR CHILD HAVE ANY SPECIFIC DIAGNOSES?

Yes

No

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

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IS YOUR CHILD ON ANY MEDICATION?

Yes

No

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

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DOES YOUR CHILD HAVE ANY MEDICAL RESTRICTIONS OR PHYSICAL RESTRICTIONS?

Yes

No

IF **YES**, PLEASE EXPLAIN

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DOES YOUR CHILD HAVE A HISTORY OF SEIZURES?

Yes

No

IF **YES**, PLEASE EXPLAIN

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

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

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

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

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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 YOUR COMMENTS TO THE AREA BELOW

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

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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