**CAD/3D PRINTING SUMMER CAMP July 11 to July 14, 2016**

**WESTON/MONTCLAIR STEM INITIATIVE         Grades Post 4th to Post 5th    (For Office Use)**

**Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT APPLICATION**                                  Registration fee:\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please type or print all information.  Deadline for all applications is Friday, June 3, 2016

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST                                                      FIRST**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall 2016\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_**

**HOME PHONE# (       )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scholar Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Alternate email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN’S NAME:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATION TO STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN CASE OF EMERGENCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATION TO STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any special needs for which they need accommodations? \_\_\_\_\_\_\_ yes  \_\_\_\_\_\_\_\_no**

**If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

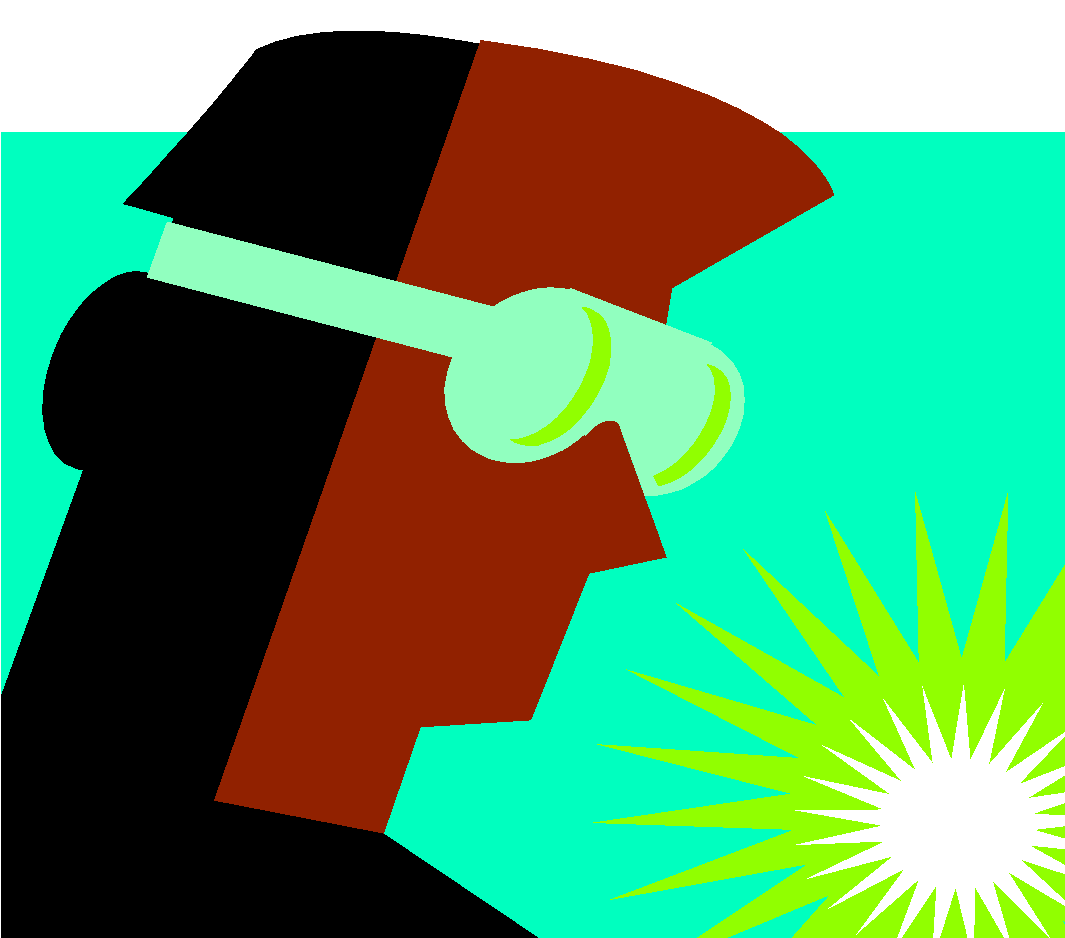
**PARENTAL CONSENT:**

**As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give permission for him/her to**

**participate in the CAD/3D Summer Camp to be held at Mt. Hebron Middle School.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian                                                   Date**

**Montclair CAD/3D Summer Camp** 

**Safety Contract**

I, as a CAD/3D Summer Camp participant, I agree to follow all instructions by my mentor/facilitator regarding safety procedures during 3D printing activities while participating in the CAD/3D Summer Camp at Mt. Hebron.  During the 2016 CAD/3D Summer Camp, I will conduct myself in responsible ways at all times while working in the PLTW lab and while on the campus of Mt. Hebron Middle School.

While in the laboratory, I will do the following:

1. Read the instructions for the experiment I am working on, and note all warnings about possible dangers that may be involved.
2. Know the location of the fire extinguishers, safety showers, eyewash stations and safety blankets and learn how to operate and use them when necessary.
3. When appropriate, safety goggles must be worn when performing laboratory activities.
4. Wear appropriate dress: No hoodies, dangling jewelry, or open-toe shoes.  Also, hair must be “pulled” back and secured away from the face.
5. No IPODs or electronic devices will be allowed in the laboratory unless permission is given.
6. EATING and DRINKING ALLOWED IN DESIGNATED AREAS ONLY!!!
7. Dispose of all materials into the proper containers as explained by your lab instructor.
8. NO HORSEPLAY! (Facilitator of the lab or Director of the WSSPP has the right to expel any prep scholar when deemed necessary based on a safety violation.)

I have carefully read this contract and agree to its conditions.  My parents have read and signed this contract, and fully understand the implications of its contents.  Failure to adhere to these rules will respect in dismissal from the CAD/3D Summer Camp without reimbursement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant         Signature of parent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date