

STEM & ARTS Young Maker CAMP REGISTRATION FORM

Childs Name _____ Date of Birth _____

Grade Level _____ *School _____

Parent/Guardian Name _____

Home address _____
Street City State Zip

E-mail* _____ phone*(_____)_____-_____

*Please list email and phone where you can be reached, preferably cell phone.

Please select the camp and date (s) you wish to enroll:

STEM & Arts Camp - 2016 Registration - \$185.00 per 5 day camp - 8:30 am to 3:30 pm

Recommended ages 6 to 11

_____ June 27 - July 1 _____ July 11 - 15 _____ July 18 - 22 _____ July 25 - 29

_____ August 1 - 5 _____ August 8 - 12

Coding and Robotics Camp - Registration - \$195.00 - per 5 day camp - 8:30 am to 3:30 pm

Recommended ages - 11 to 17 - *optional purchase of Raspberry Pi computer and/or monitor and keyboard is additional \$100 to \$150 cost.

_____ July 25 - 29 _____ August 1 - 5 _____ August 8 - 12

_____ Date _____

Parent Signature

Request Application for Sanger resident discount

Send signed application with check made out to SAM Academy to:

**SAM Academy
P.O. Box 1307
Sanger, CA 93657
Voice - 559-399-3090
FAX - 559-399-8087**

Credit/Debit Card Payment - Online payment available at www.cvsamacademy.org

**SAM ACADEMY CAMPS
EMERGENCY INFORMATION AND RELEASES**

PLEASE PRINT

Child's Name: _____

Emergency Contact: _____

Relationship to Child: _____

Release my child to: _____

Physician: _____ **Phone No:** _____

Food Allergies/Other Allergies - **Yes** **No** **Please explain:** _____

Any Medical Issues we need to be aware of? **Yes** **No** **Please explain:** _____

Does your child require any special assistance? **Yes** **No** **Please Explain** _____

MEDICAL RELEASE

In the event of a medical emergency, SAM Academy staff will contact the parent(s) or family member listed under *Emergency Contact* and call for emergency assistance. SAM will use their best judgment and use all life-saving measures until emergency assistance arrives.

PUBLICITY AND PHOTO RELEASE

There are times during our programs that SAM Academy staff will take photos/videos for educational and media purposes. Please note that a *SAM Academy/CSW Network Publicity and Photo Release Form* is attached for your signature.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE