



Exploring Nature

Summer Institute

Application

No cost to participate

The program will be held at the Norwich Campus of Morrisville State College

Please PRINT all information

Summer 2017

Students who are rising 6^h through 8^h graders are eligible for this institute.

Student Information

Student Name _____ DOB ____/____/____ Age _____ Grade _____

Home Phone(____) _____ - _____

Physical Address:

Mailing Address **Same as physical address**

Street _____ Street (if different) _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Parent/Guardian Information

1st Parent/Guardian

2nd Parent/Guardian

Name _____

Name _____

Address **Same as Student** (if different, enter below)

Address **Same as Student** (if different, enter below)

Physical Address _____

Physical Address _____

City, State, Zip _____

City, State, Zip _____

City, State, Zip _____

City, State, Zip _____

Phone: _____

Phone: _____

Guardian: Best Email To Send Updates	
Student: Best Email To Send Information	

Medical Information/Emergency Contacts

We must have a contact number at all times. If there is an emergency, it is important that we be able to reach you. □ In an emergency, I/we authorize the staff of the EXPLORING NATURE: to seek medical assistance for the student if I/we cannot be reached

Doctor's Name _____

Any Medical Alerts? (Please list on lines below)

Doctor's phone (____)____-_____

Hospital _____

If you cannot be reached in an emergency who should we contact to get your child home or under medical care (list three)

Name _____ Phone (____)____-_____ Relation to student _____
Phone (____)____-_____

If there is anything "medically special" about your child we should know about (such as asthma, allergies, bee sting reactions, special diet, diabetes, medication for seizures or hyperactivity, heart conditions, physical limitations, etc) please list them here:

Permissions/Releases

I hereby give permission to DCMO BOCES for the following:

My student can attend any field trips sponsored by the Entrepreneur Summer Institute

My child can be included in any media releases including print and web based media pertaining to the Entrepreneur Summer Institute.

Parent/ Guardian Signature _____ Date ____/____/____

By signing this application, you understand

Student Signature _____ **Date** ____/____/____

Parent/Guardian Signature _____ **Date** ____/____/____

**This application needs to be returned by June 1, 2017
to your school counselor.**