

2016 Children's School of Science Registration Form

Please fill out a separate form for each child.

Volunteer, Health and Waiver Forms (below) must be completed.

The Children's School of Science is committed to the principle of equal opportunity for all students, assistants, faculty, and volunteers, including applicants for admission and employment. This means that the School does not discriminate with respect to access to its courses and in conditions of admission and employment (hiring, compensation, and discharge) on the basis of race, color, religion, sex, age, sexual orientation, gender identity or expression, marital status, national origin, disability, and military/veteran status.

Student Name _____ Birthdate _____

Parent/Guardian Name(s) _____ Siblings in CSS _____

Winter Address Street _____ City _____

State _____ Zip Code _____ Winter Phone _____ Check here if there is new information

Summer Address Street _____ City _____

State _____ Zip Code _____ Email _____

Summer Phone _____ Cell Phone _____

We request, but do not require, the following information to comply with U.S. Government monitoring regulations:

Race and/or Ethnic Origin _____

| COURSE SELECTION | | | |
|---|--------------------|----------------|-------------|
| | course name | session | time |
| Course(s) Requested | | | |
| Alternates, should your first choice(s) be unavailable | | | |

A \$30 fee is due with this application. This application fee will be returned if your child is not placed in a course, or is placed in an unwanted course that you did not request. Otherwise, this fee is non-refundable. If you are registering by email, please pay this registration fee on our website via the Paypal link.

In addition, tuition for one six-week course is \$450, and tuition for each three-week course is \$260. You will receive a bill for tuition for the courses in which your child has been placed with the placement confirmation. **Failure to remit tuition by May 15 will result in forfeiture of a place in the class.** It is the policy of the Children's School of Science that tuition is non-refundable.

Scholarships: Partial scholarships are available to those truly in need. Please send a written request for financial aid along with your registration.

VOLUNTEER FORM

CSS is run by volunteers. All parents are asked to volunteer whenever possible; however, at a minimum, all parents of enrolled children are required to provide transportation for at least one field trip, or to work at the CSS front desk for two class periods, per three week period enrolled. **Please note that additional children may not accompany you on your volunteer duty.**

Whenever a volunteer is driving on a field trip, the following information must be supplied and certified by the driver: (1) The driver must be 25 years old or older; (2) The driver must have a valid, non-probationary driver's license; (3) The vehicle must have a valid and current registration, and valid and current license plates; (4) The vehicle must be insured for the following minimum liability insurance limits: \$100,000 per person/\$300,000 per occurrence.

I would prefer desk duties _____ or transportation _____. My vehicle has a capacity of _____ seat-belted passenger seats.

I am willing to volunteer more than the minimum _____.

CSS Committee chairs frequently need assistance with specific tasks. Please check the committees on which you would be willing to volunteer.

Hospitality ____ Ways and Means (Logo Items) ____ Development ____ Publicity ____

HEALTH AND WAIVER FORM

Please print answers to all questions. One form per student.

Student's name _____ Allergies (include stinging insects) _____

Drug allergies (penicillin, insulin, etc.) _____ Latest tetanus booster (required) M ____ D ____ Y ____

Any other health problems? Explain _____

Is your child taking any medication regularly at this time? No ____ Yes ____ If yes, please specify _____

Special Notes/Advice to teacher of a special situation (hyperactivity, hearing impaired, etc.) _____

Health Insurance Co. _____ Group # _____ Policy # _____

Home pediatrician Name _____ Phone Number _____

Emergency contact _____ Relationship to child _____ Phone Number _____

I give permission for emergency medical care to be given to (child's name) _____ if s/he requires it, and is brought to the hospital by a staff member of the Children's School of Science. I understand that every effort will be made to contact me. I also understand that students at the Children's School of Science (the "School") in Woods Hole, MA, will go on walking and driving field trips and engage in hands-on exploration of nature, including the seashore and local ponds. I understand that these activities are associated with the potential for loss, damage, and injury. As outlined in the Parent Handbook, the School takes all reasonable precautions regarding safety. But, I am aware and understand that the School does not have on or about its premises any provisions for medical services and it does not employ or contract with any medical services provider. In consideration of my child's/children's participation in the School's programs and the use of the School's facilities, I hereby assume any and all risk associated with my child's/children's participation, waive all claims against the School, its volunteers, instructors, directors, officers, employees, representatives, agents, and assigns that may arise out of such participation and which exceed the amount of any insurance obtained by the School which may cover such claims, and hold harmless, release, indemnify and covenant not to sue the School, its volunteers, instructors, directors, officers, employees, representatives, agents, and assigns for any and all loss, damage, or injury that may occur to my child/children while participating in any program or event sponsored by the School.

I acknowledge that I understand and agree to this Release and Waiver. I understand volunteers will be asked to submit to a CORI check, and I have read and agree to the policies in the Parent Handbook (available at www.childrenschoolofscience.org or by mail upon request).

Parent/Legal Guardian signature: _____ Date: _____

By checking this box, I hereby provide my electronic signature representing my understanding and agreement to this Release and Waiver, my understanding that volunteers will be asked to submit to a CORI check, and also my reading and agreeing to the policies in the Parent Handbook. (Use this box for electronic submissions only.)

To promote our program, CSS anticipates publishing students' names, images, and classroom work in School publications and public relations efforts. These might include, but are not limited to, reproduction of photographs, video/audio recordings, quotations, and artwork in the following: the School's website, newsletters, brochures, publications, and slideshow. These images will be used solely for public relations and education about the School's history and purpose, as well as fundraising efforts in support of CSS. This form asks for your consent to use your child's name, image, work, and/or words in the School publications referenced above. Please choose an option below and mark an "x" next to it. If no response is given, this will be regarded as "consent" by CSS.

Consent: _____ Do NOT Consent: _____

THIS REGISTRATION FORM, THE HEALTH AND WAIVER FORM, AND THE \$30 APPLICATION FEE
MUST BE RETURNED BY MARCH 31 to: registration@childrenschoolofscience.org with application fee payable
on our website via the Paypal link or by mail to: CSS, PO BOX 522, WOODS HOLE, MA 02543