

Steuben Space Academy

Steuben Space Academy is an academic summer camp funded by the Literacy Coalition's 21st Century Community Learning Center grant, and in partnership with the Angola Parks and Recreation, for students in grades 1-8. The program will operate for 4 weeks during the summer of 2019. Students will have the opportunity to engage in hands-on science, technology, engineering and math activities designed by NASA! These activities may include rocketry, robotics, life on Mars, or what makes the weather change. Don't miss this opportunity! Each week will feature different activities, so students can participate in both weeks for their age group.

**Participants will be selected on a first come, first served basis. All participants will be notified prior to their camp week.*

APPLICATIONS WILL BE ACCEPTED ON A FIRST COME, FIRST SERVE BASIS.

PLEASE SEND OR DROP OFF THIS APPLICATION TO OUR OFFICE (ADDRESS BELOW) OR FAX A COPY AT YOUR EARLIEST CONVENIENCE.

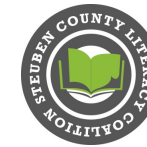
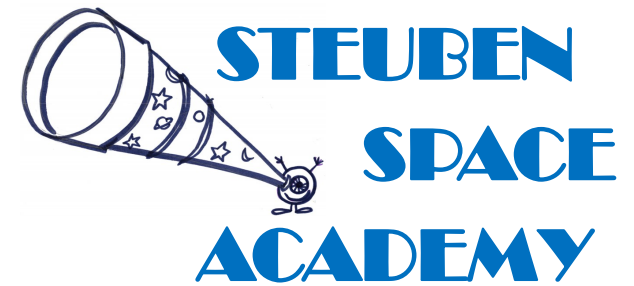
FOR MORE INFORMATION, PLEASE CONTACT THE STEUBEN COUNTY LITERACY COALITION OFFICE!



Steuben County Literacy Coalition

1208 S. Wayne St.
Angola, IN 46703

Phone: 260-665-1414
Fax: 260-665-3357
E-mail: info@steubenliteracy.org



FREE SUMMER CAMP!

Week 1: July 8-12

Students Entering Grades 1-4

Week 2: July 15-19

Students Entering Grades 5-8

Week 3: July 22-26

Students Entering Grades 1-4

Week 4: July 29-Aug. 2

Students Entering Grades 5-8

8 am-Noon, Monday-Friday

Rain or Shine!

Location: Selman Timber Frame

Program is FREE.

Snacks will be provided!

Hurry, only 30 students accepted per week!

STUDENT REGISTRATION

Student Name: _____

Date of Birth: _____

Age: _____ Grade Entering: _____

School Attending: _____

Gender: _____

Address: _____

City, State, Zip: _____

Township (if in Steuben County): _____

Parent/Guardian Name: _____

Phone: _____

Emergency Contact During Camp Hours:

Name (Other than Parent/Guardian): _____

Relationship to Student: _____

Phone: _____

Please list any medical conditions or allergies (including food allergies):

Week attending program (Check One):

____ Week 1: July 8-12 (Grades 1-4)

____ Week 2: July 15-19 (Grades 5-8)

____ Week 3: July 22-26 (Grades 1-4)

____ Week 4: July 29-Aug. 2 (Grades 5-8)

I, (parent/guardian) _____
hereby consent to the photographs, videotapes,
motion picture films and/or biographical
information for which my child's (*name*)

_____ posed, and/or writings and/or audio recordings made of my child's voice may be used by Steuben County Literacy Coalition (SCLC), in whatever way they deem necessary for communication, media relations and advertising, which may include, but is not limited to, print media, television, SCLC collaterals, SCLC advertising and SCLC website; furthermore, I hereby consent that such photographs, films, recordings or writings and the plates, tapes or disks from which they are made shall become the property of SCLC. SCLC shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, writings, plates, tapes and disks as they deem necessary, free and clear of any claim whatsoever on my part.

I (We) do hereby state that I/we are the parent/guardian(s) of a minor, who resides with me (us) at provided address. I (We) authorize anyone who is authorized to represent SCLC at Steuben Space Academy, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the continental USA. It is understood that this is for emergency medical treatment in the event I/We are unable to be contacted.

Child's Doctor _____
Preferred Hospital _____

The Steuben Space Academy and SCLC administration will make a conscious effort to ensure that the students and staff are safe from harm or injury while participating in the Steuben Space Academy. However, SCLC and the Angola Parks Dept., will not be held liable for injury or accident occurring during the program.

I have read the above information and fully understand the above statements.

Signature of Parent or Guardian