

Math 4 U²
August 8-August 18, 2016

REGISTRATION FORM

Return Completed form to: Education Department, University of Dubuque, 2000 University Ave. Dubuque, Iowa 52001 or email to sscott@dbq.edu.

Participant Information

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____

Grade attended year 2015-2016: _____


Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Telephone: _____ cell: _____

(Include area code with telephone)

Parent email: _____

 Please list ADA Accommodations needed: _____

Guardian's name: _____ Alternative Contact: _____

Guardian's day phone: _____ Alternative Contact day phone: _____

Guardian's cell: _____ Alternative Contact cell: _____

Person(s) Authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Camp Fees:

- Math 4 U² 8:30-11:30, Monday- Thursday, 2 weeks: \$200
- Scholarships available, for application contact Susie Scott at 563-589-3232 or email sscott@dbq.edu for a scholarship application.

Registration fee: \$50 which will be credited to the camp balance, balance due August 1st.

Program Director Contact Information

For more information, contact Jennifer Benson, Camp Director at:

563-589-3272

Email: jbenson@dbq.edu

I understand that the balance is due by August 1. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Math 4U² every day.

DROP OFF AND PICK UP TIMES

Drop off time: 8:15 am in the University of Dubuque Quad on Algona Street

Pick up time: 11:30 am in the University of Dubuque Quad on Algona Street

REQUIRES PARENT’S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Permission and Consent Statements

I hereby give permission to **Math 4U²** to photograph and/or videotape the student for educational or promotional purposes. I give permission for program data obtained from student and parent surveys which do NOT identify the student to be used for program assessment in an effort to better serve future students.

_____ (Initial)

PARENT STATEMENT

I hereby state that (child’s name) _____ is in good mental and physical health condition and is able to participate in the activities provided by **Math 4U²**. I hereby release **Math 4U²** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named child occurring on the premises of **University of Dubuque**.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____