



One form per registrant.

Mail or deliver completed forms and payments to: Notre Dame High School - 1400 Maple Ave., Elmira, NY 14904

Please Note: Registration is not considered complete until payment has been made.

Student Name: _____ **Grade (Entering in the Fall):** _____

Birth Date: _____ **Gender:** Male Female

Name of School Entering in the Fall _____ **First time enrolling in Summer of Innovation?** Y N

Parent/Guardian Name(s): _____

Phone Numbers: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Emergency Contact(s): _____

Phone Number: _____

Please list any emergency medical information that should be shared (allergies, conditions, etc.): _____

Mark Camp Choice	Camp Title	Date/Time		Cost	Total
<input type="radio"/>	Bird Buddies	June 26 - 30	8:00 am - 11:30 am	\$100	
<input type="radio"/>	Rolling in the Dough! (Gr. 9-12)	July 11 - 14	8:00 am - 11:30 am	\$80	
<input type="radio"/>	Rolling in the Dough! (Gr. 5-8)	July 11 - 14	12:00 pm - 3:30 pm	\$80	
<input type="radio"/>	The Nature of Light	July 10 - 14	12:00 pm - 3:30 pm	\$100	
<input type="radio"/>	Prosthetics Production!	July 17 - 21	8:00 am - 11:30 am	\$100	
<input type="radio"/>	Building For the Future	July 17—21	12:00 pm - 3:30 pm	\$100	
<input type="radio"/>	Make it 3D: Sculpture Camp!	July 24 - 28	8:00 am - 11:30 am	\$100	
<input type="radio"/>	Crazy Concoctions Art Camp!	July 24 - 28	12:00 pm - 3:30 pm	\$100	
<input type="radio"/>	Hydroponics & Aquaponics	July 31 - Aug 4	12:00 pm - 3:30 pm	\$100	
<input type="radio"/>	El Mundo Hispano	Aug 7 - 11	8:00 am - 11:30 pm	\$100	
<input type="radio"/>	La Cocina Hispana!	Aug 7 - 11	12:00 pm - 3:30 pm	\$100	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CK #				Total Amount Due:	

By signing below, I agree to allow GST BOCES to access data regarding my student from the home school district. I understand that the purpose of this program is to provide academic enrichment during non-school hours. Data is only shared in the aggregate to indicate if the program is meeting its goals or not. At no point will my student's name be used for reporting purposes.

Permission for my child to be photographed or recorded for publications/presentations created by Summer of Innovation Partners.

Yes, permission granted. No, permission denied.

Permission for my child to be photographed, recorded or interviewed by the media.

Yes, permission granted. No, permission denied.

Permission for my child's picture to appear on the web sites and Facebook pages created by Summer of Innovation partners.

Yes, permission granted. No, permission denied.

Parent signature: _____ Date: _____