***Cal****ifornia Institute**for***G**lobal **E**ducation

1130 Fremont Blvd Suite 105-158, Seaside, CA 93955  
http://www.CalGE.org

**Technology Innovation & Marine Science International Summer Camp**

**AT CSU MONTEREY BAY, JULY 8-19, 2013**

**REGISTRATION FORM**

*APPLICANT*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: |  | | | | |  | | | | |  | | | | |
|  | | (Last) (First) | | | | | | | | | (Likes to be called) | | | | |
| DATE OF BIRTH: | | |  | | | |  |  | MALE | | |  | FEMALE | |  |
|  | | | | | (Month/Day/Year) | |  |  |  | | |  |  | |  |
| PRESENT SCHOOL: | | | |  | | | | | | GRADE IN SEP. 2013: | | | |  | |

*PARENT/GUARDIAN*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | RELATIONSHIP: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ADDRESS: | |  | | | | | | |
|  | | Street City State Zip | | | | | | |
| PHONE: |  | |  | |  | EMAIL: |  | |
|  | Home | | | Cell | |  | |  |

*EMERGENCY CONTACTS*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | RELATIONSHIP: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PHONE: |  | |  | |  | | EMAIL: |  | | |
|  | Home | | | Cell | | |  | |  | |
| NAME: | |  | | | | RELATIONSHIP: | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PHONE: |  |  | |  | EMAIL: |  | |
|  | Home | | Cell | |  | |  |

**TIMS 2013 REGISTRATION FORM CONTINUED**

ALLERGY/MEDICAL INFORMATION

|  |  |
| --- | --- |
|  | Check here if this student has any special meal and health needs. Please make note below. |
|  | Check here if this student requires medication while on camp and field trips. Please make note below. |
|  | Check here if there are **NO** special problems that the staff should be aware of and **NO** medications are |
|  | required while on camp and field trips. |
| **Please describe this student’s health problem and any special meals or health measures needed other than medication:** | |
|  | |
|  | |

**Parent Permission: I hereby request that a member of the camp staff designated by the program director in administering medication to my child.**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature | **X** | Date: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Family Medical Insurance Carrier |  | Policy Number |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| Applicant Signature | Date |  | Parent/Guardian Signature | Date |

Registration deadline: June 5.

Program fee: $660 (lunch, field trip transportations and tickets are included)

Please enclose $660 or a $200 non-refundable deposit ($200 deposit will be applied toward program fee. The remaining balance is due June 5.) Checks should be made payable to **Cal Institute for Global Education**.

Application form and checks should be mailed to:

California Institute for Global Education

1130 Fremont Blvd. Suite 105-158

Seaside, CA 93955