

STEAM

Science | Technology | Engineering | Art | Math



COMPLETING GRADES 8 & 9

WILTON CENTER | JULY 13 TO 24

696 ROUTE 9, WILTON

MONDAY TO FRIDAY, 9am TO 1pm

STEAM CAMP

Join us this summer for a hands-on STEAM (science, technology, engineering, arts and math) program that introduces students to three different technology topic areas:

- Animation & Graphics Software
- Computer Hardware & Networking
- Robotics & Automation

With skilled instructors teaching an introduction to each topic area and leading hands-on projects designed for students to apply their new skills and knowledge, students will have the opportunity to sample several tech fields over the course of two weeks.

Using creativity and critical thinking, bolstering the importance of outside the box problem solving skills and imaginative approaches in tech-related fields, STEAM Camp offers older students the chance to enhance skills and explore career paths. Discover new tech fields and experience STEAM education in an engaging, collaborative and creative setting! The final day of this program will be a field trip to local businesses where students will be introduced to professionals who use these technologies each and every day.

See STEAM in a new light and experience the possibilities for yourself!
Registration is on a first-come, first-served basis and is limited to 20 students.

Price: \$150

CRN: 70059

**Transportation
from
Queensbury
High School
to Wilton Center**

Price: \$15

CRN: 70060

*Bus leaves
Queensbury at
8:30am and
returns at 1:30pm*



➡ TO REGISTER: ⬅

Use the registration and release forms on the following pages and mail them to the office of Continuing Education with a check for payment made out to your home school district.

**We apologize for the inconvenience, but we can only accept paper registration with check payment for this camp program.*

If your school is not a BOCES member, please call our office to discuss registration options.

COURSE REGISTRATION

Registration for STEAM Camp may be done by filling out a registration form and submitting to the Office of Continuing Education, in the following ways:



IN PERSON: Washington Hall | 8am to 4pm | Monday through Friday



BY MAIL: Office of Continuing Education
SUNY Adirondack
640 Bay Road, Queensbury, NY 12804

COURSE PAYMENT

Payment is due upon registration, as follows:

BY CHECK: Made payable to the student's home school district. Students may pay in person at the Continuing Education Office, Washington Hall, Monday - Friday, between the hours of 8am and 4pm. Students may also mail a completed registration form w/ enclosed check to the Office of Continuing Education.

COURSE DROP/REFUND POLICY

100% tuition and fees will be refunded if drop notification (written, phone or in-person) has been received by the Office of Continuing Education during normal business hours (8am-4pm, M-F) prior to 4pm on June 12. No refunds will be processed once June 12 deadline has passed. Non-payment may result in balance being turned over to a collection agency. All collection fees, including reasonable attorney fees, will be the responsibility of the student.

COURSE ACCOMMODATIONS

SUNY Adirondack encourages persons with disabilities to participate in official college programs, events, and activities. Reasonable accommodations can be requested by contacting SUNY Adirondack Accessibility Services at 518.743.2282 or access@sunyacc.edu.

SCHOLARSHIPS

Limited scholarship funds are available this year through the SUNY Adirondack Foundation. Scholarships are based on financial need and are first come, first served.

COURSE CANCELLATIONS

Full tuition and fees will be refunded for any classes canceled by SUNY Adirondack Continuing Education.

OTHER IMPORTANT INFORMATION

A. Classes are grouped by grade headings. For example a class under the 3-5 heading indicates that the student must have completed 3rd, 4th, 5th grade by the end of the 2014-2015 school year to be eligible for that particular class.

B. Children are not permitted on campus during a time in which they are not registered for a class or Aftercare. Please pick children up promptly after their class ends. Parents or guardians must come inside to pick their children up from Aftercare.

C. To enroll your child, you MUST submit the following: 2015 Summer Enrichment Registration Form, Youth Enrichment Media/ Medical Release Form, and Course Payment.

D. Registrations for STEAM Camp must accompany check payment made out to the student's school district.

E. There is no food service at Wilton Center. Vending machines are available.



2015 SUMMER ENRICHMENT REGISTRATION FORM

SUNY ADIRONDACK CONTINUING EDUCATION

Washington Hall | 640 Bay Road | Queensbury, NY 12804

Phone: (518) 743.2238 | Fax: (518) 743.2318 | sunyacc.edu/ContinuingEd

STEAM Camp registrations after June 12, 2015 are subject to availability.

Student Legal Name:

Address:

number *street* *city* *state* *zip*
Date of Birth: Sex: ☐ *male* ☐ *female*

Home Phone: Name of parent/guardian at this phone:

Work phone: Name of parent/guardian at this phone:

Cell phone: Name of parent/guardian at this phone:

Banner ID or SS#: Parent/guardian name:

Name of school: Grade Completed (June 2015):

Parent/Guardian Email Address:

T-SHIRT SIZE

Please circle (adult) t-shirt size. One t-shirt will be issued to each student. T-Shirts will be distributed on Wednesday, July 22.

S M L XL

Please register me for the following courses listed on this form. I understand that I will be automatically billed for the course(s) once my registration has occurred, regardless of chosen payment method.

Course No.	Course Title	Price

STEAM CAMP METHOD OF PAYMENT

BY CHECK:

Made payable to the student's home school district. Students may pay in person at the Continuing Education Office, Washington Hall, Monday - Friday, between the hours of 8am and 4pm. Students may also mail a completed registration form w/enclosed check to the Office of Continuing Education.

COURSE DROP/REFUND POLICY

100% tuition and fees will be refunded if drop notification (written, phone or in-person) has been received by the Office of Continuing Education during normal business hours (8am-4pm, M-F) prior to 4pm on June 12. No refunds will be processed once June 12 deadline has passed. Non-payment may result in balance being turned over to a collection agency. All collection fees, including reasonable attorney fees, will be the responsibility of the student.

2015 SUMMER ENRICHMENT MEDIA/MEDICAL RELEASE FORM

SUNY ADIRONDACK CONTINUING EDUCATION

Washington Hall | 640 Bay Road | Queensbury, NY 12804

Phone: (518) 743.2238 | Fax: (518) 743.2318 | sunyacc.edu/ContinuingEd

Student Name: _____ Parent/Guardian: _____

Address: _____
number street city state zip

Date of Birth: _____ Sex: ☐ male ☐ female

Home Phone: _____ Name of parent/guardian at this phone: _____

Work phone: _____ Name of parent/guardian at this phone: _____

Cell phone: _____ Name of parent/guardian at this phone: _____

If not available in an emergency, notify:

1. Name: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Health History — please specify any and all of the following (if applicable):

Operations or Serious Injuries (include dates): _____

Medical Condition(s): _____

Allergies: _____

Allergies to Medications or Insect Stings: _____

Special Diet: _____

Medication (name) and how it is given: _____

Activity Restrictions: _____

MEDICAL RELEASE AUTHORIZATION

The above named child has permission to engage in all prescribed SUNY Adirondack Youth Enrichment activities, except those noted above. I certify that I am the legal parent and/or have the legal ability to sign this authorization form on behalf of the above named child. In the event of illness or accident, I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not able to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

Parent/Guardian Signature

Date

2015 SUMMER ENRICHMENT MEDIA/MEDICAL RELEASE FORM

SUNY ADIRONDACK CONTINUING EDUCATION

Washington Hall | 640 Bay Road | Queensbury, NY 12804

Phone: (518) 743.2238 | Fax: (518) 743.2318 | sunyacc.edu/ContinuingEd

Student Name: _____

A: MEDIA RELEASE:

Student has permission for SUNY Adirondack to photograph or videotape student for publications, media use, and instructional purposes during this class.

YES: ☐ NO: ☐

B: COMPUTER/INTERNET USAGE

Some programs require computer and internet use. If applicable, my child has permission to do so in a supervised environment and will abide by the guidelines below.

1. All students must have permission from their parent/guardian that authorizes them access to the Internet.
2. Respect for school equipment and its network is a condition for use of the computers.
3. Students are to notify the teacher immediately of any disturbing material they may encounter on the web.
4. Students are not to give out personal information like telephone numbers, full name, address, etc. to anyone on the Internet.
5. Students are to never give anyone their password to any of their accounts or allow another student to use their account to access the Internet or school network.
6. Students must gain clearance from the teacher before downloading any programs from the Internet.
The teacher must first scan all media devices brought to the lab to be used in the computers for viruses.
7. Violation of any of these rules may result in forfeiture of permission to use the Internet and school network and/or appropriate disciplinary action.

Parent/Guardian Signature: _____

Date: _____