

**Every Piece Counts**  
**Lafayette College STEAM Camp**  
Registration Form

My child, \_\_\_\_\_, would like to  
(first name) (last name)

attend the Lafayette College STEAM Camp from July 25, 2016 through July 28, 2016. On the first day, drop off is at 8:00 AM and pick up is at 4:00 PM. All other days, the camp runs from 9:00 AM to 4:00 PM. The camp will be open to students entering fourth through sixth grade in the fall. Families must provide their campers with transportation to and from camp and with a packed lunch each day. Every camper will receive a free t-shirt, a daily snack, and plenty of fluids. Registrants will receive a confirmation upon receipt of payment and one additional reminder approximately 1 week before the start of camp.

**T-Shirt Size:**  Y-S  Y-M  Y-L  Y-XL  A-S

Child's Birth Date: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Child's School: \_\_\_\_\_

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade Student Will Be Entering: \_\_\_\_\_ School Attended \_\_\_\_\_

Student Will Be Picked Up By (Name and Signature):  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Aside from parents, who is authorized to pick up your child?** (First and last names please):  
\_\_\_\_\_

**Any known Allergies or Medical Conditions that we should know about?** Please provide information that you feel is relevant to your child's care (include **ALL** food allergies):  
\_\_\_\_\_

**Emergency Contact 1 – Relationship to child –** \_\_\_\_\_

Name: \_\_\_\_\_ Phone During Camp Hours: \_\_\_\_\_

**Emergency Contact 2 – Relationship to child –** \_\_\_\_\_

Name: \_\_\_\_\_ Phone During Camp Hours: \_\_\_\_\_

**Guardian's Signature:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

Please send the completed registration form with an **\$150 entrance fee check\*** made out to **Lafayette College with the note "SEES, STEAM Camp" at the bottom of the check** to **Attn: Arthur Kney; 319 Acopian Engineering Center; Lafayette College; 740 High Street; Easton, PA 18042** by **Monday June 13, 2016**. If you are unable to mail the signed form, or if you have any questions or want more information, please contact camp organizers **Sarah Geller** or **Daniel Gonzalez** by email at **steamcamp@lafayette.edu**, or by phone at (484) 541-9363.

**\*If your child qualifies for free or reduced lunch at their school, they may qualify for one of a limited number of scholarships. To qualify, you must return the form with the \$150 registration fee, which will be returned to you if your child receives a scholarship. You will be notified of the scholarship upon admittance to the camp.**

# **Informed Consent Agreement**

Lafayette College STEAM Camp

Sarah Geller '17 and Daniel Gonzalez '19, Principal Investigators

Christian Tatu and Arthur Kney, Research Advisors

We are asking your child to participate in a research study. The purpose of this study is to evaluate the effectiveness of the Lafayette College STEAM Camp and to develop suggestions for future informal science, technology, engineering, the arts, and mathematics programs involving hands-on and interactive activities.

## **Participation**

Student participation in this research study is not required of students who wish to participate in the STEAM Camp, but encouraged for the benefit of the program. You may decline participation without penalty. You or your child may withdraw from the study at any time without penalty.

## **Risks and Benefits**

Student participants will not encounter any physical or psychological risks nor receive direct benefits through the completion of the surveys distributed during the Lafayette College STEAM Camp, or through the collection of video footage and photographs. Results of this study may contribute to the development and improvement of future K–12 STEAM-related programs.

## **Confidentiality**

The information from this study will be kept strictly confidential. The surveys will be completed individually by students, collected immediately after completion by the program coordinators, and safely stored. No references will be made in oral or written reports that could link your child to the data collected from the study.

## **Contact**

If you have any questions or concerns regarding this study or the procedures, you may contact one of the primary researchers, Daniel Gonzalez or Sarah Geller, by phone at (484) 541-9363 or by email at steamcamp@lafayette.edu. You may also contact John Shaw, Chair of the Lafayette College Institutional Review Board, at shawj@lafayette.edu.

## **Consent**

Your signature below indicates that you have read and understand the above information and have received a copy of this form and that your child has permission to participate in this study with the understanding that he/she may withdraw at any time. Your child's signature indicates that he/she has also read the above information and agrees to participate with the understanding that he/she may withdraw at any time.

**Parent or Guardian Name (Printed):** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Data Collection Methods/Demographic Information

By allowing your student to participate in this study, they will be asked to complete a brief survey at both the beginning and conclusion of the Lafayette College STEAM Camp. They will also be videotaped and photographed throughout the duration of the camp. Please read the descriptions provided below for each of the three data collection methods that will take place during the STEAM Camp and provide both you and your child's initials in the space provided, indicating your child has permission to participate.

### Surveys

The surveys, which will be presented both at the beginning and conclusion of the camp, will be used to compare what the students knew prior to attending the camp with what they learned as a result of attending this program. Student names will not be utilized during the evaluation of the surveys, but will be utilized to ensure the correspondence between initial and final surveys. The survey data will be analyzed to assess the effectiveness of the STEAM Camp and to provide feedback as to how the program can be improved in the future

**Parent/Guardian Initials:** \_\_\_\_\_ **Student Initials:** \_\_\_\_\_

### Video Footage

Video footage will also be taken during the duration of the camp to assess student interactions and engagement with the various activities presented, as well as to gain valuable knowledge that will allow for the improvement of the program. Students will not be identified by name in any video footage taken.

**Parent/Guardian Initials:** \_\_\_\_\_ **Student Initials:** \_\_\_\_\_

### Photographs

Photographs will be taken during the duration of the STEAM Camp and may be used in publications or research presentations. Photos may also be used by Lafayette communications for PR purposes. Your child will not be identified by name in any printed or presented documents.

**Parent/Guardian Initials:** \_\_\_\_\_ **Student Initials:** \_\_\_\_\_

### Free or Reduced Lunch

If your child qualifies for a free or reduced lunch, they **may** qualify for one of our scholarships. Please note your child's eligibility below.

*My child **qualifies** for a free or reduced lunch* \_\_\_\_\_

*My child **does not qualify** for a free or reduced lunch* \_\_\_\_\_

### Race/Ethnicity

Please note your child's race and/or ethnicity to allow the camp to collect data on student diversity.

*Student's Race/Ethnicity:* \_\_\_\_\_