



SEATS STILL
AVAILABLE FOR
BOTH SESSIONS!

Summer is for STEAM!

Join your friends and register for a STEAM Summer Experience at RACC

Students will participate in exciting hands-on experiments that foster problem-solving, creativity, and collaboration. STEAM Experiences include: Forensics and Crime Scene Investigation, Engineering Design and Technology, Environmental Science and Biotechnology inside state-of-the-art STEM labs at the Schmidt Training and Technology Center.

Eligible grade levels:

Students entering their ninth or tenth grade years in fall 2018.

Cost:

\$150 per student per session

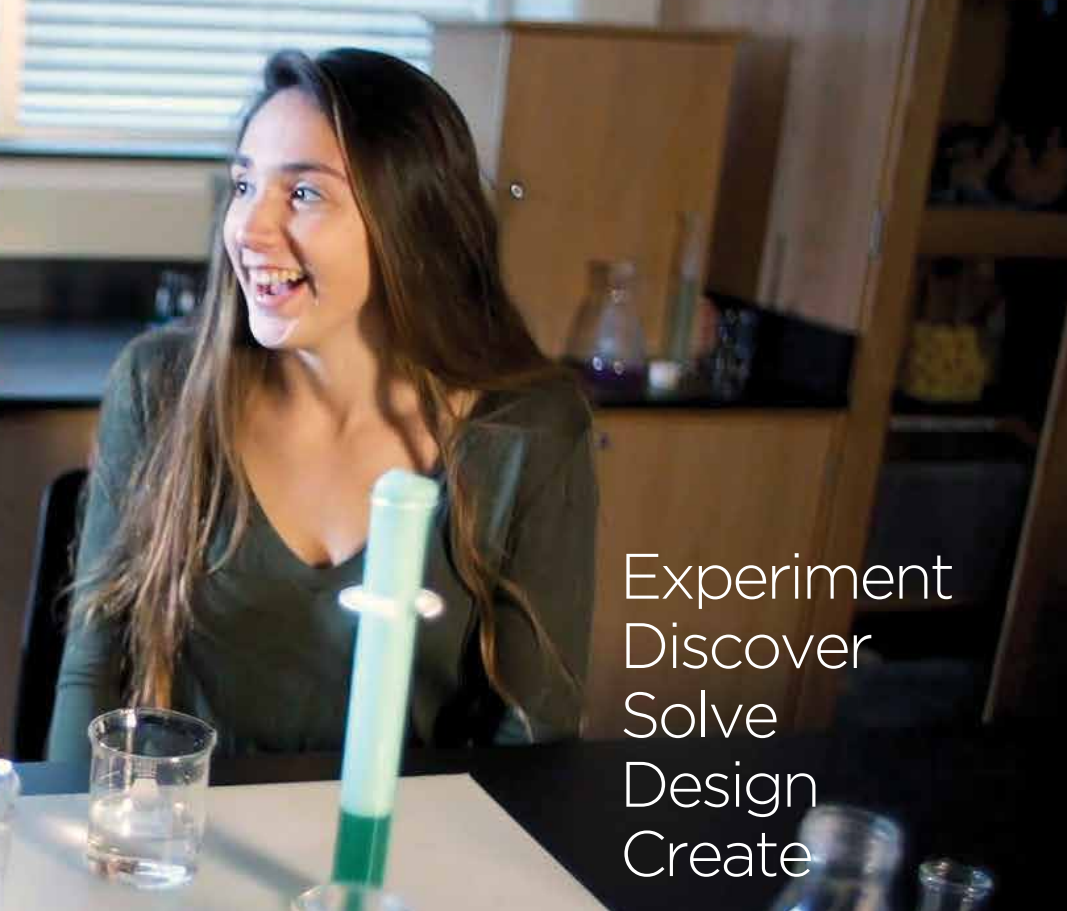
Dates:

Session 1: June 25 - 29, 2018

Session 2: July 16 - 20, 2018

Time:

8:15 a.m. - 12:30 p.m.



Experiment
Discover
Solve
Design
Create



Students may sign up for one or both camp sessions through the Wyomissing Area School District Assistant Superintendent's office.

Transportation:

The Wyomissing Area School District will be providing bus transportation for the STEAM Summer Experience leaving from the West Reading Elementary and Wyomissing Area Junior/Senior High Schools. Pick up time: 8:00 a.m. Drop off time: 12:50 p.m.

Registration deadline:

Session 1: June 18, 2018
Session 2: July 2, 2018

STEAM

Science • Technology • Engineering • Art • Math

SUMMER EXPERIENCE

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STEAM SUMMER EXPERIENCE APPLICATION 2018

\$150 payment submitted at time of registration - checks are payable to Wyomissing Area School District.

PLEASE PRINT

Date _____ Date of Birth _____ Name _____

Street Address _____ City _____

State _____ Zip _____ Cell Phone _____ Parent/Guardian Phone _____

Email address _____ Parent email address _____

School _____ Grade _____ Male Female

T-shirt size: S M L XL XXL

Session: Session 1: June 25 - 29, 2018 Session 2: July 16 - 20, 2018 Both Session 1 and Session 2

Signature of Parent _____

Registration checklist - submit the following completed documents to the Wyomissing Area School District Assistant Superintendent's office, attn: Barbara DeMoss: Registration Form Medical Release Form Contract of Conduct Payment (check)

*Refunds will be in full if RACC cancels or if participant cancels 10 days prior to the start of the session.
This form may be duplicated for additional registrations.*

It is the policy of Reading Area Community College to prohibit discrimination on the basis of race, color, sex, sexual orientation, religion, national or ethnic origin, age, disability, or status as a disabled or Vietnam Era veteran in regard to the administration of all campus programs, services and activities and the admission of students, employment actions, or other sponsored activities. Furthermore it is RACC's policy not to tolerate harassment of any type, including sexual harassment, of or by any employee, student, contractor, vendor, and/or visitor to Reading Area Community College. In addition it is the policy of Reading Area Community College not to discriminate on the basis of sex in its educational programs and activities as required by Title IX of the Education Amendments of 1972. Title IX provides that "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." Sex discrimination includes sexual harassment and sexual assault. Affirmative Action inquiries should be directed to the Affirmative Action Officer, RACC, P.O. Box 1706, Reading, PA 19603 (610.372.4721). All colleges and universities, in compliance with the Pennsylvania College and University Security and Information Act of 1988 and the Student Right-to-Know and Campus Security Act, are required to provide information regarding safety and security procedures and statistics on campus. A copy of this report is available by contacting the Director of Safety and Security, Room 159, Berks Hall.

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CONTRACT OF CONDUCT

Sign and return one copy; make a copy for yourself.

Participants must follow the Wyomissing Area School District Student Code of Conduct while participating in the camp and riding on the bus. All WASD school rules and expectations apply at all times during the RACC Summer Experience, including, but not limited to:

1. No tobacco, no alcoholic beverages, and no use of controlled or illegal substances.
2. Any illness or injury shall be promptly reported to the staff.
3. Participants must attend **ALL** scheduled activities on time, unless excused by a staff member.
4. No participant will be released to an adult who is not on the release forms. Parents and/or guardian must give **WRITTEN PERMISSION** for participants to leave the area alone or with relatives. Adults will need to provide identification to RACC before releasing of any participant.
5. All students must use the district provided transportation to and from camp daily. RACC will not allow for participants to be picked up at RACC.
6. Participants are expected to show consideration for their peers and facilitators by cooperating with the staff and other participants to complete activities and assigned tasks.
7. **No use of electronic devices, such as hand-held games and cell phones**, are allowed during STEAM Summer Experience hours unless for the purpose of the summer experience activities.
8. Parents are to call RACC's summer experience coordinator's phone (provided on the first day) in the case of emergency messages.
9. Photographs – Images of participants will be captured during the STEAM experience activities through video and digital camera, which RACC may use solely for the purposes of promotional material and publications. Parents wishing to not have their participant photos published must write a letter to be included in the registration forms.
10. Any other rules established by the STEAM Summer Experience staff and professors at Reading Area Community College shall be followed.

The success of any STEAM Summer Experience depends on every participant's attitude and behavior. Each of you is asked to come to this week prepared for fun and adventure, but with courtesy, thoughtfulness and respect for everyone. **ALL** participants shall assist in keeping the campus property clean, including classrooms, bathrooms, lunch area, and outdoor STEAM Summer Experience areas.

I UNDERSTAND IF I FAIL TO FOLLOW THESE RULES, THAT I ACCEPT THE CONSEQUENCES OF MY ACTION. ALSO, I UNDERSTAND THAT IF I FAIL TO CONDUCT MYSELF IN A MANNER THAT WOULD NOT BE BENEFICIAL TO THE PROGRAM, **I WILL BE SENT HOME AND I WILL NOT RECEIVE A REFUND OF MY TUTION FOR THE STEAM SUMMER EXPERIENCE.**

PARTICIPANT

date

PARENT or LEGAL GUARDIAN

date

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SUMMER EXPERIENCE

READING AREA COMMUNITY COLLEGE

HEALTH INFORMATION AND MEDICAL RELEASE FORM

Participant's name _____ Birth date _____
Address _____ Home phone _____

In case of an emergency, a call will be placed to the participant's home.

Please provide additional names and phone numbers below in case no one is at home. These calls will be placed in the order indicated.

	Name	relationship to participant	most likely daytime phone	most likely evening phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please list any major injuries, allergies, illnesses, operations or food requirements which may impact on current or future health status:

Are there any activities, which the participant should limit or avoid?

Please indicate any medications your child will need administered during the week. Please bring adequate directions for taking this medication such as dose and frequency.

Please check one of the following three options for staff administration of aspirin, non-aspirin pain reliever and external ointments:

Staff discretion _____ under no circumstances _____ call parent or guardian _____

Name of participant's physician _____ Phone _____

What is the participant's medical / hospital insurance carrier and what is the policy and/or group number?

I agree to allow my son / daughter, _____, to participate in Reading Area Community College's STEAM Summer Experience. He / She agrees to abide by the rules established for the program.

In case of an emergency, I hereby give permission to the RACC staff to transport my son / daughter to or from a doctor and /or hospital for essential medical treatment.

PARENT OR GUARDIAN SIGNATURE

Date