



Application for 2010 “Summer of Science”

Please complete both pages
of this application to enroll in
The Ward Melville Heritage Organization’s
2010 “Summer of Science” program.



Personal Information

Student’s Name: _____

Parent/Guardian’s Name: _____

Grade Level: _____ School: _____

Age: _____

Address: _____

(home phone): _____ Evening (if different): _____

(cell): _____

Emergency and Medical Information:

Emergency Contact Name: (other than a parent/guardian): _____

Emergency contact phone: _____

Doctor’s Name: _____

Doctor’s phone: _____

In the event of an emergency, does the Ward Melville Heritage Organization have permission to transport your child to the emergency room? _____

Medical insurance carrier and member number:

Known medical conditions: _____

Known allergies: _____

Current medication(s): _____

Transportation

Parents/guardians are responsible for the transportation of child to and from class location at West Meadow Beach.

Safety

During this program, students will be in close proximity to water. Therefore, all enrolled students must be able to swim.

Instructions for Applying:

Mail the completed application to the following address with your check in the amount of \$975.00 made payable to:
“Ward Melville Heritage Organization”
P.O. Box 572
Stony Brook, NY 11790

To verify that you have read and understand the above information, please sign below:

Parent’s Name (please print)

Date

Parent’s Signature



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Recipient of the 2001 Computerworld Honors for “New Heroes in Technology”