

Capital Community College
Summer Computer Science Program
Summer 2019 Application Form



Program Dates/Location:

July 8th - July 19th 8:30am - 4:00pm

Capital Community College, 950 Main St. Hartford, CT 06103

Student Information

(all fields are required)

Student First Name

Student Middle Initial

Student Last Name

Birthdate

Date of Birth (MM/DD/YY)

Gender

Current School

Town/City of School

Parent/Guardian Information

(all fields are required)

Parent/Guardian Name

Relationship

Street Address

City

State

Zip Code

Email

Day phone

Night phone

Student Computer Background (required)

The following questions are used to identify the basic computer skill level of the applicant.
Parents/Guardians - please work with your child to provide accurate answers to the following questions.

My child has basic keyboarding and typing skills.	yes	no
My child knows how to save and locate files stored on a computer.	yes	no
My child has an email address and knows how to send/receive emails.	yes	no
My child knows how to run computer applications like Microsoft Word.	yes	no
My child knows how to use a web browser to go to a website.	yes	no
My child knows how to use a web browser to perform a search on the Internet.	yes	no

Miscellaneous Information (required)

T-Shirt: (Choose the Adult T-Shirt Size for the Student)

- Small
 Medium
 Large
 X-Large
 XX-Large

Food Preferences/Allergies: (Please list any important food preferences or allergies.)

Family Income/Scholarships (all fields are required)

Please specify your total family household income:

- Less than \$25,000
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 \$50,000 to \$74,999
 \$75,000 or more

Please specify the number of individuals in your household (Household Size): _____

Scholarships may be available. Please specify if you are applying for a scholarship:

Yes	No
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Note: Proof of income verification may be required for scholarships.

Emergency Contact #1 (all fields are required)

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Day phone _____ Night phone _____

Emergency Contact #2 (all fields are required)

Name Relationship

Street Address

City State Zip Code

Day phone Night phone

Doctor/Dentist Contact (all fields are required)

Physician Name Phone

Dentist/Orthodontist Phone

Insurance Information (all fields are required)

Insurance Carrier Policy #

Group Policy Holder's Name

Insurance/Medications (all fields are required)

Insurance Carrier Policy #

Group Policy Holder's Name

Will the participant be taking medications during program hours?

Yes	No
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(Medications include prescription, over the counter, vitamins, inhalers etc.) All medications are self-administered.

Medication #1 Dosage

(Medication #1) Take at what times

(Medication #1) Reason for taking

Medication #2

Dosage

(Medication #2) Take at what times

(Medication #2) Reason for taking

Please identify and explain any medical, physical or mental limitations of the program participant:

Date of last physical Exam (Recommend within 24 months of program)

Activities to be limited or restricted while in program:

Immunizations

(all fields are required)

My child has received immunizations

My child HAS NOT been immunized

Authorizations

(all fields are required)

The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the College staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Parent or Guardian (printed name):

Signature:

Authorized Pick-Ups

Besides the Parent/Guardian and Emergency Contacts, the following people are authorized to sign-in and sign-out my child from the program each day:

Name	Relationship to Student
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Name	Relationship to Student
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Self Sign In & Out Release Form

(all fields are required)

I give permission for my child to arrive to and leave from Capital Community College's Summer Computer Science Program independently. I will not be coming in front of Capital Community College or to Room 619 inside Capital Community College to sign my child in or out of the program each day. I understand that once my child is released from the Summer Computer Science Program, he/she will no longer be supervised by staff and therefore authorized pick-ups will not be verified. I also recognize that once my child has signed themselves out, Capital Community College is no longer liable for my child.

Note: Students given permission to sign themselves out, cannot sign-out until 3:30 pm each day.

Students' First and Last Name

Signature of Parent/Guardian

Date

Media Release Form

(all fields are required)

Capital Community College may videotape, photograph, and otherwise document students participating in the Summer Computer Science Programs. Any media (photographs, videos, quotes, interviews, etc.) of participating students will only be used for marketing and promotion of Capital Community College, and Capital Community College's Summer Computer Science Program. Media will only be used by authorized individuals at Capital Community College for non-profit educational and marketing purposes.

_____ I hereby authorize Capital Community College to use photographs, videos and/or quotes of my child for marketing purposes.

_____ I **DO NOT** authorize Capital Community College to use photographs, videos and/or quotes of my child for marketing purposes.

Students' First and Last Name

Signature of Parent/Guardian

Date
