June 5, 2015

Dear Paulding County School District Elementary School Parents,

The faculty, staff and students of Kennesaw State University’s Paulding Site in Dallas, Georgia would like to let you know about an exciting opportunity for some of your elementary-aged children to attend a FREE summer day camp! The camp will be held at Hiram Elementary School (200 Seaboard Ave, Hiram, GA 30141). Breakfast, lunch, and an afternoon snack will be provided each day at NO COST to participants!

We are splitting the camp into five sessions by grade level:
- Rising 1st grade camp: June 15-19 and 22-26, 2015 (entering 1st grade Aug. 2015)
- Rising 2nd grade camp: June 15-19 and 22-26, 2015 (entering 2nd grade Aug. 2015)
- Rising 3rd grade camp: June 29-July 3 and July 6-10, 2015 (entering 3rd grade Aug. 2015)
- Rising 4th grade camp: June 29-July 3 and July 6-10, 2015 (entering 4th grade Aug. 2015)
- Rising 5th grade camp: July 13-17, 2015 (entering 5th grade Aug. 2015)

All camps will meet from 8 am to 4:30 pm each day. Our KSU faculty and pre-service Elementary & Early Childhood Education students will lead the kids in a variety of STEM-oriented hands-on lessons and experiments, such as designing and flying model airplanes, converting a gas to a liquid and building electromagnets.

If your child would like to attend, please complete the attached student information form and waivers, then email a scanned copy to paulding@kennesaw.edu, OR fax it to 678-946-1090, OR drop it off at our office (Bagby Building Room 402, 25 Courthouse Square, Dallas Georgia 30132).

We look forward to hearing from you!

Sincerely,

Susan. T. Collins
Educational Outreach Coordinator & Faculty-In-Residence
scolli48@kennesaw.edu
404-713-7738
STUDENT INFORMATION SHEET

Last name: ___________________________  First name: ___________________________  Middle: ___________________________

Name called: ___________________________  Male ___ Female ___  Date of Birth: ___/___/____

Street address: ___________________________  P.O. Box: ___________________________

City: ___________________________  Zip: ________  Home phone: ___________________________

Student resides with:  □ Both Parents  □ Mother Only  □ Father Only  □ Guardian

Father (Guardian) Name: ___________________________  Phone #: ___________________________

Place of employment: ___________________________

Mother (Guardian) Name: ___________________________  Phone #: ___________________________

Place of employment: ___________________________

Emergency Contact Numbers: (please print)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students will not be released during the day to anyone without your permission. List everyone (including step-parents, grandparents and siblings) who has permission to sign your child out of Kennesaw State University STEM Camp.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: ___________________________  Date: ___________________________

Please print your name clearly

Please register my child for (choose ONE):

□ Rising 1st grade camp: June 15-19 and 22-26, 2015 (entering 1st grade Aug. 2015)
□ Rising 2nd grade camp: June 15-19 and 22-26, 2015 (entering 2nd grade Aug. 2015)
□ Rising 3rd grade camp: June 29-July 3 and July 6-10, 2015 (entering 3rd grade Aug. 2015)
□ Rising 4th grade camp: June 29-July 3 and July 6-10, 2015 (entering 4th grade Aug. 2015)
□ Rising 5th grade camp: July 13-17, 2015 (entering 5th grade Aug. 2015)
Release and Consent of Treatment:
I, the Parent/Guardian, do assume the responsibility for the participant being in good health and duly able to participate in any and all Summer University or clinics except those listed in the Activity Exclusion Section of this document. I, the Parent/Guardian, do assume responsibility for all fees and charges owing to emergencies or extended medical care. I, the Parent/Guardian, authorize a representative of Kennesaw State University to admit my child for medical treatment to a private physician or the nearest medical facility while visiting Kennesaw State University campus or participating in any field trip included in the Summer University or clinic curriculum. I, the Parent/Guardian, acknowledge that participation in Summer University and clinics may involve inherent risks of physical injury, illness or loss of personal property and I assume all such risks. In exchange for participation in athletic/recreation programs, the undersigned does hereby release and forever discharge the Board of Regents of the University System of Georgia, its agents and employees from any and all claims or demands resulting from my child’s participation in any activity included in the Summer University curriculum.

Name of Participant _______________________________  Participant Date of Birth _______________________________

Printed Name of Parent/Guardian _______________________________

Signature of Parent/Guardian _______________________________

I hereby certify that I have read the above carefully before signing.

Street Address _______________________________

City __________________ State ___________ Zip Code ___________

Home Phone __________________ Business Phone __________________ email __________________

In case of emergency call __________________ Phone __________________

Special Medical problem(s) and Activity Exclusions: _______________________________

Participant has had this condition since _______________________________

Medications (please list medication, dosages, times taken and side effects participant may experience from his/her medication) NOTE: If the child cannot self medicate, they are ineligible to attend any camps. If the child can self-medicate, please include details about child’s condition _______________________________

Insurance carrier __________________ Phone __________________

Insurance Contact Number __________________ Group Number __________________

Physician Information:
Name of Physician __________________ Phone Number __________________

Name of Dentist __________________ Phone Number __________________

This form must be completed and presented to a Summer University Instructor the first day of class before your child will be allowed to stay.
Kennesaw State University
CONSENT & RELEASE FORM

I hereby grant Kennesaw State University the following irrevocable rights:

1. The right to use my name, photograph, picture, portrait and likeness (hereinafter collectively know as "image") in connection with its educational and promotional materials or for any other legitimate purpose;
2. The right to create composite or computer-manipulated materials from my image;
3. The right to use, reproduce, publish, exhibit, distribute and transmit my image individually or in conjunction with other images or printed matter in any and all media, including printed material, television, film, CD-ROM, and video-tape;
4. The right to copyright my image; and
5. The right to assign the above rights to third parties.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become a part of the organizations or individuals for use in the publications. I also understand that I will receive no compensation in connection with the use of my image.

I hereby release and forever discharge Kennesaw State University, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have caused by or arising from the use of my image, including all claims for libel and invasion of privacy.

I understand that the acceptance of this Consent and Release Form by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I am at least 18 years of age and that I have read and understood the above.

____________________________________    __________________________
Student Name                              Date

____________________________________    __________________________
Signature  (Parent or Guardian signature if under age 18) Date