

This is an exciting opportunity for Comal ISD students who are interested in Math and Science to enhance their skills and get a 'feel' for a college campus. St. Philip's Southwest Campus has a new Centre of Excellence in Mathematics and a new Centre of Excellence in Science. They are hosting Summer Academies for 8th through 12th graders and we would like to encourage our students to attend. Please see the attached application. Comal ISD will not be able to provide transportation, but the cost of the academies is free! April 6, 2009

**CENTERS OF EXCELLENCE IN MATHEMATICS AND SCIENCE  
MATH AND SCIENCE SUMMER ACADEMY (July 13<sup>th</sup> – Aug 7<sup>th</sup>)**

Registration Form Summer 2009			
Child's Social Security Number _____		Child's Name (Last, First, MI) _____	
Date of Birth _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade entering in school year 2009-2010: <input type="checkbox"/> 8 <sup>TH</sup> <input type="checkbox"/> 9 <sup>TH</sup> <input type="checkbox"/> 10 <sup>TH</sup> <input type="checkbox"/> 11 <sup>TH</sup> <input type="checkbox"/> 12 <sup>TH</sup>
Home Phone _____		Business Phone _____	Cell Phone _____
Child's Mailing Address _____		City/State _____	Zip Code _____
Check One: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____			
MIDDLE OR HIGH SCHOOL _____ SCHOOL DISTRICT _____			
Child's T-shirt size: <input type="checkbox"/> XS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> Other: _____			
Parent's/Guardian's Name (Last, First, MI) _____		Parent's/Guardian's E-Mail Address _____	
Mailing Address _____		City/State _____	Zip Code _____
Signature _____		Date _____	

**As parent/guardian I agree to the following:**

1. My child has permission to use the Internet and other computer software as deemed part of the St. Philip's College-Math and Science Academy.
2. I understand photos may be taken for marketing purposes. I acknowledge that I and/or my child(ren) shall receive no compensation for the photographs, and I acknowledge that all negatives and positives, together with the prints, are owned by Alamo Community College District ("ACCD") on behalf of St. Philip's College. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising out from or related to the use of the photograph. I give permission for my child(ren)'s picture to be used for such purposes.
3. I understand ACCD and St. Philip's College are not responsible for any personal items (i.e. clothing, games or money) my child may bring to class.
4. **I have discussed inappropriate behavior with my child and I am aware that inappropriate behavior or disciplinary problems will result in dismissal from the program.**

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contacts

Primary Emergency Contact Name: _____		Secondary Emergency Contact Name: _____	
Home Phone ( ) ( ) ( )	Work Phone ( ) ( ) ( )	Home Phone ( ) ( ) ( )	Work Phone ( ) ( ) ( )
Cell Phone ( ) ( ) ( )		Cell Phone ( ) ( ) ( )	
Relationship to child: <input type="checkbox"/> Parent / <input type="checkbox"/> Guardian / <input type="checkbox"/> Relative / <input type="checkbox"/> Friend		Relationship to child: <input type="checkbox"/> Parent / <input type="checkbox"/> Guardian / <input type="checkbox"/> Relative / <input type="checkbox"/> Friend	

Date of last DPT/Tetanus immunization \_\_\_\_\_ Does the child take prescription medication?  Yes  No

If yes, what medication \_\_\_\_\_

**Note: St. Philip's College staff cannot administer or store medication.**

## Medical Release/Waiver

I hereby certify that my child is in good health and may participate in all activities.

Parent / Guardian Signature	Print Name	Relationship	Date
Physician's Name _____	Phone Number _____		
Hospital Name _____	Phone Number _____		

I understand that it is my responsibility, as a parent/legal guardian to make certain the medical information on this form is current and accurate. It is my responsibility to complete a new form should any of the information change. In the event of a serious medical emergency, I authorize Alamo Community College District (ACCD) on behalf of St. Philip's College, its employees, and or agents (collectively "the College") to secure medical transportation or treatment on my child's behalf. I understand the College is not required to obtain medical transportation or care for my child. I understand the College will attempt to contact me or one of the individuals that I have designated as an emergency contact. I acknowledge and understand that Congress passed a law entitled the Health Insurance Portability and Accountability Act ("HIPPA") that limits disclosure of protected medical information. This authorization is being signed because it is crucial that faculty and staff at the College and any responding emergency personnel be readily notified of any protected medical information contained in this form or contained in my child's immunization records on file with the College. Therefore, **in the event of a medical emergency, I authorize the College to release the information contained in this form to medical staff and other emergency personnel.** This authorization shall terminate upon the earlier of the following two events: (1) written notice signed by me and delivered to the College; or (2) termination and/or completion of my child's enrollment in the Math and Science Academy at the College. I understand and agree that I am responsible for all expenses, fees, costs incurred as a result of the medical transportation or care secured for my child by the College. I understand and agree that the College is not liable for any injury or damages that may occur as a result of the medical treatment that my child may receive.

**The undersigned parent or legal guardian does hereby execute this release, waiver and indemnification for the child, \_\_\_\_\_ [print name of child] and hereby agrees and represents as follows:**

To release the College, its members, employees, agents, representatives and other organizations affiliated with this Academy program from any and all liability, loss, damage, costs, claims, and /or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the program referred to above, it being specifically understood that the said program may include the operation and use by the child of the undersigned parent or legal guardian and others of equipment or machines. The undersigned further agrees to indemnify the College, its employees, members, agents, representatives, and others affiliated with this program and hold them harmless from any liability, loss damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the child's participation in said program. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement provided, however, that such consent shall not be unreasonably withheld.

I HAVE CAREFULLY READ THIS PERMISSION, WAIVER AND RELEASE AND I FULLY UNDERSTAND THE CONTENTS, MEANING AND IMPACT OF THIS WAIVER AND RELEASE. I HEREBY VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_



Release and Indemnification Agreement  
Concerning

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(Name of Child)

The undersigned representative, on behalf of the child named above (hereinafter "the child"), who desires to participate in the Math and Science Summer Academy, and in consideration of being permitted to participate in said activity, voluntarily and knowingly executes this release and indemnity agreement on behalf of the child with the express intention of extinguishing the rights and obligations designated herein. The undersigned representative, on behalf of the child, hereby grants the Campus Nurse(s) of the Alamo Community College District, the permission to provide treatment for emergency and/or minor medical injuries or illnesses which may arise while the child is participating in the Math and Science Summer Academy. Permission is also provided for the child to participate in field trips off campus and for transportation by District personnel and vehicles.

As the representative of the child, I hereby elect to and assume all risks for claims, known or unknown, hereinafter arising from the conduct of the Math and Science Summer Academy and hereby knowingly and voluntarily expressly release the Alamo Community College District, its employees, agents, representatives, officers, directors or others acting on behalf of Alamo Community College District, from all liability for claims arising out of such matters.

With the intention of binding the child and with full authority to do so, I hereby release, discharge and indemnify the Alamo Community College District, its employees, agents, representatives, officers, directors or others acting on behalf of Alamo Community College District, from any and all claims, demands, actions, judgments and executions which the child ever had , or now has, or ever will have, or which the child may claim to have against Alamo Community College District, its employees, agents, representatives, officers, directors, or others acting on behalf of Alamo Community College District, in connection with or arising out of, directly or indirectly, any and all matters relating to the Math and Science Summer Academy, including any alleged acts of negligence by the District's employees, agents, representatives, officers, directors or others acting on behalf of Alamo Community College District.

As the duly authorized agent of the child, I have read this release and indemnification before signing below and I fully understand all of its terms, the contents, meaning and impact of this release. This release and indemnification agreement is executed voluntarily and with full knowledge of its contents and significance.

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Date

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Duly Authorized Representative for the Child

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Print Name Here

**St. Philip's College: Student Check In/Checkout Permission Form  
Valid from July 13, 2009 to August 7, 2009**

**Please sign and date this form**

***The following are rights you as a parent or guardian allow your child as it pertains to the check out process of the Math and Science Summer Academy***

Please clearly indicate the permissions and/or restrictions that apply to your child or dependent by circling Yes or No below and providing additional information where requested, if applicable.

Yes | No      My child/dependent has my permission to meet me on campus at a location other than the Science building unsupervised by the staff of the Math & Science Summer Academy.

Yes | No      My child/dependent has my permission to walk to the bus stop and ride the bus home unsupervised by the staff of the Math & Science Summer Academy

Yes | No      My child/dependent has my permission to leave with any adult acting as guardian when I am not able to pick him/her up.

Yes | No      My child/dependent has my permission to leave with the following students only (please provide students' full names):

Yes | No      Other (please provide details):

**Please note: This form will remain on file and function as a general permission form for the dates indicated or until rescinded in writing by a parent or guardian. Additional forms specific to events will still be required as needed.**

Sincerely,

Renita D Mitchell  
Associate Director  
Center of Excellence in Mathematics

Date: \_\_\_\_\_ Signature of Parent/ Guardian: \_\_\_\_\_

ALAMO COMMUNITY COLLEGE DISTRICT  
RELEASE FORM

I grant permission to Alamo Community College District, on behalf of St. Philip's College and its agents or employees, to use photographs, videos, tape recordings or other images taken of me and/or my child(ren) on the date listed below for use in college publications including but not limited to commercials, recruiting brochures and newsletters, and to use such photographs, videos and/or other images in electronic versions of the same publications or on St. Philip's College web sites or other electronic forms or media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me.

I acknowledge that I and/or my child(ren) received no compensation for the photographs, and I acknowledge that all negatives and positives, together with the prints, are owned by the College. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising out from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Alamo Community College District, on behalf of St. Philip's College and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on web sites, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

**I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name [*Please Print*]

If under 18 years of age, print name of child(ren): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian, if under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

## Field Trip Permission Form

Your child will be attending 3 field trips as a participant in Math & Science Summer Academy. Students are required to wear their official T-shirts on the day of each field trip. A note will be sent home the day before each scheduled trip to remind parents and students of the event and to provide information on requirements of each specified location. There will be a minimum of 5 chaperones for each fieldtrip.

### Field Trip #1: Scobee Planetarium at San Antonio College

<i>Date</i>	July 16, 2009	<i>Time</i>	11am – 1pm
<i>Location</i>	1300 San Pedro		
Departure Time: 10:20am		Return Time: 1:30pm	

### Field Trip #2: Natural Bridge Caverns Texas

<i>Date</i>	July 24, 2009	<i>Time</i>	9:30am – 12:00pm
<i>Location</i>	26495 Natural Bridge Cavern Road Natural Bridge Caverns, TX 78266		
Departure Time: 8:40am		Return Time: 1:30pm	

### Field Trip #3: SeaWorld of Texas

<i>Date</i>	July 31, 2009	<i>Time</i>	9:00am – 2:30pm
<i>Location</i>	10500 Sea World Dr San Antonio, TX 78251		
Departure Time: 8:40am		Return Time: 3:30pm	

<i>Transportation</i>	Students are expected to arrive 15 minutes before departure for each scheduled field trip. Students are expected to follow all guidelines specified in each fieldtrip letter sent home with the student. If students are noncompliant, they will not be able to attend the fieldtrip.
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**Note:** If there are any changes to a schedule field trip, a letter will be sent home detailing the change along with any addition permission forms.

I give permission for my child	_____	to attend the following fieldtrips	
<input type="checkbox"/> Scobee Planetarium	<input type="checkbox"/> Natural Bridge Caverns Texas	<input type="checkbox"/> SeaWorld of Texas	
Parent/Guardian Name	_____	Phone	_____
Parent/Guardian Signature	_____	Date	_____

## Participation and Behavior Contract

Learning is a group activity, and the behavior of each person in the summer academy in some way or the other affects the learning outcomes of others. If we keep these thoughts and the following rules in mind, the classroom and program experience will be a better one for everyone involved.

### Rules:

1. You should be at the check in point promptly each morning. Always bring the required supplies and **be ready to be actively engaged in the learning process**. This communicates preparedness and interest.
2. All cell phones must be placed on vibrate or turned off during classes. You may answer your phone or return calls during the break period. If there is an emergency your parent is responsible for contacting the office and the message will be relayed to you.
3. Do not work on outside materials during class time, unless your instructor gives you permission to.
4. If you know that you'll need to leave before the class is over, try to sit as close to the door as possible so as not to disrupt others. Similarly, if you arrive in class late, just slip in as quietly as possible and take the first available seat you come to, **DO NOT CAUSE A DISTRACTION**.
5. Being courteous in class does not mean that you have to agree with everything that is being said. However, you will rarely get your way with anybody in life by being rude, overly aggressive or just plain hostile. If you disagree with an instructor it is a good idea to wait and discuss the situation when you are not angry.
6. The rules of each class are not a starting point for negotiations; you will be expected to follow all rules set forth by the instructor. Any student who chooses to break the class rules will be removed from class and a letter will be sent home to your parents. If a student breaks the rules a second time, he or she will be removed from the program.
7. Your questions are NOT an imposition – they are welcome and one of the professional highlights of an instructor's day. Chances are, if you have a question, someone else is thinking the same thing but is too shy to ask it. Please – ask questions! You'll learn more, it makes the class more interesting, and you are helping others learn as well. But when you have a question or comment, please raise your hand first. Blurting out a question or comment when someone else has already raised their hand is rude – it's like jumping ahead of someone else in line.

### Acknowledgement and Understanding

I have reviewed and agree to the Participation & Behavior Contract concerning my participation in the Math and Science Summer Academy. The terms of this contract extends from the date of my enrollment until the end of the Summer Program.

\_\_\_\_\_  
PRINT STUDENT NAME

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
PRINT PARENTS NAME

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_





# Centers of Excellence in Mathematics and Science Student Registration Form



Mail, fax or deliver completed form to:  
St. Philip's College  
Center of Excellence in Mathematics  
1801 Martin Luther King Drive  
San Antonio, TX 78203  
Phone: (210) 486-2002  
Fax: (210) 486-2675

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E Mail Address \_\_\_\_\_

**Ethnicity**

**Gender**

White/Non-Hispanic       Asian/Pacific Islander       Male  
 Black/Non-Hispanic       American Indian/Alaskan Native       Female  
 Hispanic

**Residency Issues**

What state do you claim as your legal residency? \_\_\_\_\_

How long have you continuously resided in Texas? \_\_\_\_\_

I hereby certify that the above information is true, complete, and accurate.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

For office use only.							
COURSE	NUMBER	SECTION	TERM	COURSE TITLE	DAYS	START DATE	END DATE

Payment Method: Cash \$   0   Check: # \_\_\_\_\_ Total Due: \$   0    
 A \$35.00 service charge will be assessed for returned checks. Credit card payments can be made with an American Express, Master Card, or VISA, and are accepted on-line and in person for a \$4.00 processing fee.  
**Enrollment process is not complete until full payment is received.**

You will be notified upon acceptance in the Math and Science Summer Program. Incomplete forms will not be processed. Payment in full (personal checks and money orders only) MUST accompany this form; otherwise, it will not be processed.

### **Bacterial Meningitis Information**

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast - so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that cause meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities. Additional information will be provided with the admissions application when you register. How can I find out more information?

- Contact your own health care provider.
- Contact your local or regional Texas Department of Health at (210) 207-8804
- Contact web sites: [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo); [www.acha.org](http://www.acha.org)

**Thank you for choosing St. Philip's College Mathematics and Science Summer Academy**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Alamo Community Colleges, 201 W. Sheridan, San Antonio, TX 78204-1429. (210) 485-0000**  
The Alamo Community College District, including its affiliate colleges, does not discriminate on the basis of race, religion, color, national origin, sex, age or disability with respect to access, employment, programs or services. Inquiries or complaints concerning these matters should be brought to the attention of: Associate Vice Chancellor of Employee Services, EEO Official/Title IX Coordinator, Employee Services Department, 201 W. Sheridan, Bldg A, Suite 119, San Antonio TX 78204, (210) 485-0216.