## **CSI:**Chesapeake Science Investigators

## 2012 Application

Please type or print the following information in ink							
Child's Name (Last, First, MI):			Parent/Guardian Email Address:				
Address:		<u>City</u> :			State:	<u>Zip</u> :	
rent/Guardian Name:		Phone – Home:		Work:		<u>Cell</u> :	
irent/Guardian Name:		Phone – Home:		Work:		<u>Cell</u> :	
Local person to be contacted in case of emergency if parent/guardian cannot be reached:							
Name:		Phone:		Relation to Child:			
Child's Birthday: Grade in September 2012: Age as of June 1 <sup>st:</sup>							
What school does your child attend?							
Does your child have special needs?							

## PARENT/LEGAL GUARDIAN REGISTRATION AGREEMENT

I give full permission for	to attend the CSI program at Horn Point Laboratory and
participate in activities, including off-campus trips. I understand th	nat this form is an application for the CSI summer program and
that I will be notified of my child's acceptance into the program by	/ June, 15. I understand that, if my child is accepted into the CSI
program then a payment of \$80.00* will be sent in with registration	on forms by July 1, 2012. (Funds for this activity will be
administered by the University System of Maryland Foundation, I	nc. Please make registration check payable to the USMF, Inc.)

I also understand that if payment and paperwork is not received by July 1, the student runs the risk of losing his/her spot to another student on the waiting list.

Name of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_

\*Financial Aid is available. If you desire financial assistance please write a short description of your financial need and how much you would be able to pay on the back of this application\*\*

Application Question (for prospective student to answer):

Please attach a 1-2 page response to the following question to this application.

Why do you want to participate in the CSI program this summer?