

# Project Oceanology

1084 Shennecossett Road Groton CT 06340  
P. 860-445-9007 F. 860-449-8008 www.oceanology.org

## STUDENT REGISTRATION FORM

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age At Time of Program \_\_\_\_\_

Please check off the program you are enrolling in:

After School

March 27<sup>th</sup> through June 5<sup>th</sup>  
Tuesday's Only

Applicant lives with: (check one) \_\_Both Parents \_\_Mother \_\_Father \_\_Guardian \_\_Other

Father/Guardian \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_  
City State Zip

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_  
City State Zip

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Person to notify in an EMERGENCY if parent/guardian cannot be reached \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Tele. (\_\_\_\_\_) \_\_\_\_\_

Cell Tele. (\_\_\_\_\_) \_\_\_\_\_

Are you interested in carpooling with other students from your district? Yes No

Is your parent/guardian available to assist with carpooling? Yes No

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## STUDENT REGISTRATION FORM CONTINUED

School Name \_\_\_\_\_ District \_\_\_\_\_

School Address \_\_\_\_\_  
Street/P.O.Box City State Zip

Grade Enrolled in \_\_\_\_\_

Does your child have any dietary concerns? \_\_\_\_\_

How did you learn of the program? \_\_\_\_\_

Is your child bilingual? Yes No  
If yes, what language other than English is spoken in the home? \_\_\_\_\_

Race-(OPTIONAL- however, this information is helpful for future grant funding)- please circle

American Indian/ Asain/Pacific Islander Black (Non Hispanic) Hispanic  
Alaskan Native White Other \_\_\_\_\_  
\*\*\*\*\*

Photo release: By signing, the minor student's parent or guardian allows Project Oceanology to photograph and or video tape students for promotional and commercial purposes.

\_\_\_\_\_  
Parent's Signature Date \_\_\_\_\_

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## STUDENT HEALTH FORM

**IMPORTANT:** The student may not participate in any activities until this medical form is on file.

Program: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Last) (First) (MI)

Home Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Age: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Emp.: \_\_\_\_\_

Work Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Emp.: \_\_\_\_\_

Work Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

(In the event parents cannot be reached)

Is the student taking any medications? If YES, please list medications, reasons they are being administered & possible side effects:

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any learning disabilities or special medical programs, (allergies, diabetes, bee sting reactions, etc.) of which Project Oceanology should be aware? \_\_\_\_\_

If the child has bee sting allergies, does he/she carry medication and know how to administer it? \_\_\_\_\_

Is the child epileptic or prone to seizures? \_\_\_\_\_

If YES to any of those, please explain: \_\_\_\_\_

\_\_\_\_\_

When was the child's last tetanus shot? \_\_\_\_\_

### Parent's Consent:

I hereby grant permission to the above-named student to attend the program he/she registered for at Project Oceanology located in Groton, CT. I have read the brochure describing the program and I understand that the program involves vigorous activities on the boats and near the water. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date