

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

September 28th through December 7th
Tuesday's Only

Applicant lives with: (check one) __Both Parents __Mother __Father __Guardian __Other

Father/Guardian _____
First Last

Home Address _____

City State Zip
Preferred Tele. (____) _____

Alt. Tele. (____) _____

Mother/Guardian _____
First Last

Home Address _____

City State Zip
Preferred Tele. (____) _____

Alt. Tele. (____) _____

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

Relationship to student _____ Home Tele. (____) _____

Cell Tele. (____) _____

Do you REQUIRE transportation in order to attend? Yes* No

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

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

*Transportation to Project O is from a central location, (district middle or high school) and drop-off will be at the student's home in the evening. Please keep in mind that transportation funds are limited. We make every effort to assist with transportation. However, transportation is not guaranteed.

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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 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