

Educational Talent Search

2009 SUMMER PROGRAM REGISTRATION FORM (Due June 8th)

Student's Last Name	First Name	Middle Name	Current Grade
Address	City	Zip	
Current School Name	Next Year's School Name	Next Year's Grade	
Mother's Name	Cell or Work Phone #	Work Schedule	
Father's Name	Cell or Work Phone#	Work Schedule	
Student's E-mail Address		Parent's E-mail Address	

I am registering for the following programs: (See Newsletter or Flyer for program description and times.)

<input type="checkbox"/> Math Program : (Circle one) Pre-Algebra, Algebra, Geometry and Algebra II –June 22 nd through July 23 rd	<input type="checkbox"/> College Writing Program (grades 9-12): June 22 nd through July 23 rd Class Time _____
<input type="checkbox"/> Testing and Career Exploration (grades 8-10) : Circle one: July 6 th through 8 th or July 13 th through 15 th	<input type="checkbox"/> College Readiness Program for Rising Seniors (grade 11): July 20 th -July 23 rd
<input type="checkbox"/> SAT Preparation Program (grades 9-11): July 27 th through July 30 th	<input type="checkbox"/> Planning for Majors and College (grades 6-10): June 22 nd through July 23 rd
<input type="checkbox"/> Sacramento or Sonoma State College Tour (grades 6-11): July 9 th (tentative date)	<input type="checkbox"/> UC Davis or UC Merced Tour (grades 6-8): July 16 th (tentative date)
<input type="checkbox"/> Developing a Scholarship Portfolio (grades 10 -11): July 28 th and July 30 th	

Does the student have an Individual Education Plan on file with the district? Yes _____
 No _____ If yes, attach the IEP and a letter explaining what accommodations are required.

Emergency Contact Information and Waiver for Emergency Medical Treatment

Emergency Contact (name & relation to student): _____ Phone: _____

Does the student have any medical condition(s) that require him/her to take medications (daily/weekly) during the summer? _____

What medications will the student take during the summer program? _____

Medical Insurance Carrier: _____ Policy #: _____

I certify that this information is true to the best of my knowledge. I do hereby give consent to the Contra Costa Community College District, DVC and ETS and its employees and agents to render or seek emergency medical treatment and assistance to the above named student if deemed necessary.*

***In consideration of granting permission to the DVC Educational Talent Search for the above named minor to participant in the activities sponsored by ETS, the participant, his/her parents or legally appointed guardian hereby agree to indemnify, hold harmless, release and forever discharge the Contra Costa Community College District, DVC, Educational Talent Search employees and/or agents from all claims and demands which the participant, his/her parents or legal guardian or the representatives or successors of them or any person may have against Contra Costa Community College District, ETS, DVC and its employees and agents by reason of acts, illness, or injury, or other consequences arising or resulting directly or indirectly from the participation of said minor in the aforementioned ETS activities.**

Parent/ Guardian Signature

Date

Student Signature

Date

Educational Talent Search
2009 Summer Program

Student Responsibility Contract

As a participant in the ETS Summer Program,
I, _____, agree to:

1. Attend all scheduled classes and complete all assigned work to the best of my ability. I will assume responsibility for consulting with instructors, teaching assistants and tutors in order to address difficult assignments.
2. Respect all peers and staff to promote an environment conducive to positive learning. I understand that freedom of expression will be encouraged and to refer unresolved personal conflicts to the attention of the ETS Director.
3. Offer my input and suggestions and to complete evaluations of my experience in the ETS Summer Programs.
4. Return all ETS property at the end of my Program.
5. Adhere to the DVC Student Code of Conduct, Student Services Procedure 3027 (see DVC Catalog pp 42-47). I understand that by failing to adhere to the code of conduct and the Program rules, I may be suspended from participation in the Summer Programs.

Student Signature: _____ Date: _____

I, _____ (the parent of _____),
have read the above contract and agree that my child should honor the
terms that it stipulates.

Parent Signature: _____ Date: _____

Educational Talent Search
2009 Summer Program

Parent Responsibility Contract

As the parent of a participant in the ETS Summer Program,
I, _____, agree to:

1. Make sure that my child attends all scheduled classes and complete all assigned work to the best of his/her ability. I acknowledge my understanding of the attendance and dismissal rules for the Summer Program. Reminder of two dismissal rules: (Rule 1: If the student is absent from class more than two times he/she will be dropped) (Rule 2: If the student continuously disrupts class he/she will be dropped)
2. Call ETS if my child will be absent. I will send a written note with my child upon their return.
3. Offer my input and suggestions and to complete evaluations of my experience with the Summer Program.
4. Ensure that my child returns all ETS property by the end of the Summer Program.
5. Provide ETS with academic records necessary for scheduling my child into the proper classes.

I, _____ (the parent of _____),
have read the above contract and agree that I will honor the terms that it stipulates.

Parent Signature: _____ Date: _____