Return Application to kbarlow@mvcc.edu OR Mohawk Valley Community College Math Corps AB 130 1101 Sherman Dr. Utica, NY 13501



Contact: 315-731-5834 Email: kbarlow@mvcc.edu Application for MVCC Math Corps Summer Camp 2024 8:00am - 2:00pm JULY 8th to AUGUST 1st Monday-Thursday **Applications due June 28th**

<u>Current</u> student in 6th, 7th, and 8th Grade Application MUST include:

ESSAY- Minimum 100 words on: why do you want to join the Math Corps program? **Report Card**: A copy of your most recent report card.

Student Information								
First Name:	Last Nam	ie:			Middle N	Viddle Name:		
Gender (Circle One): Female Male	Non-Binary		Date of Birth:					
Street Address:		City, Stat	2:			Zip Code:		
Phone Number:			Email:					
Ethnicity (Circle all that apply): African American Asian Hispanic Native Americ					n Wh	ite		
Other:								
Name of school you currently attend:					Current Grade:			
Please circle all that apply: New Student			Previous 7th			Previous 8th		
T-Shirt Size (Unisex): Small	Medium	n L	Large X-large		2XL			
Name of relatives applying to Math Corps:								
Clubs, Organizations, or athletics you participate in:								
Awards:								
Parent/Guardian Information								
Parent/Guardian Name:			Relationship:					
Email:		Cell:			Home:			
Parent/Guardian Name: Relationship:								
Email:		Cell:			Home:			
Emergency Contact								
Name:	Relationship:				Phone:			
Name:	Relations	ship:			Phone:			
Signature of Student:					Date:			

Kaitlyn Barlow "MVCC Math Corps Coordinator" | Academic Building Room 130| 315-731-5834 | kbarlow@mvcc.edu | www.mvcc.edu/math-corps | Facebook: MVCC Math Corps

Parent/Guardian Consent						
As the Parent/Guardian of the above- mentioned student, I certify that my child has my permission to participate in the MVCC Math Corps Summer Camp Program. I understand that attendance is mandatory for the camp. MVCC Math Corps has the right to dismiss students with more than two unexcused absents during the four weeks camp. My child is responsible for making up any missing assignments and journals during his/her absence. *Excused absent does not include family vacation or commitment with another camp/program.						
Name of Parent/Guardian (Please Print):						
Signature of Parent/Guardian:	Date:					
Name of Parent/Guardian (Please Print):						
Signature of Parent/Guardian:	Date:					
Media Release Consent						
As the Parent/Guardian of the above- mentioned student, I understand that my child's address and contact information will not be made public. I also understand that my child's image and/or voice may be used in MVCC Math Corps promotional material and social media outlets.						
Please circle one: Therefore, I grant do not grant MVCC and MVCC Math Cormy child during his/her involvement with Math Corps Summer Camp.	ps permission to photograph or record					
Name of Parent/Guardian (Please Print):						
Signature of Parent/Guardian:	Date:					

BUS TRANSPORTATION

MVCC will be utilizing a third-party transportation service and will be able to provide free transportation to all Math Corps students from their homes to MVCC. If you indicate that bus services are not needed, it will be your responsibility to ensure your child makes it to camp and is picked up on time each day. Please indicate whether your child will need the bus to attend this camp. My child will need bus transportation (check one):

□ Morning only

 $\hfill\square$ Afternoon only

 $\hfill\square$ Both morning and afternoon

 $\hfill\square$ My child will not need bus transportation

BREAKFAST & LUNCH

MVCC will be providing a free grab & go breakfast and lunch to all students in the math corps program. Mon-Wed lunch will be basic, with a fuller menu on Thursdays. Please indicate if you would like your child to have free breakfast and/or lunch. I would like my child to be provided with (check all that apply):

 \Box Breakfast

🗆 Lunch

□ My child will bring their own lunch

PARENT ORIENTATION

I understand that my child and I will be expected to attend a parent orientation. My child and I will be in attendance on (check one):

 $\hfill\square$ Wednesday, June 26th at 5:30pm at the MVCC Rome Campus, PC150

 \Box Saturday, June 29th at 10am at the Utica Campus, ACC Snack Bar.

□ Neither of these dates work for me (please email <u>kbarlow@mvcc.edu</u> to schedule another time)

ACKNOWLEDGEMENT OF ATTENDANCE REQUIREMENTS

The dates for the Math Corps Program are Monday through Thursday, July 8th – August 1st from 8:00am to 2:00pm. I understand that my child is expected to attend the program every day. My child currently has no other non-essential obligations during the program, and I will ensure their attendance, barring any illness or family emergencies.

If your child has any other known obligations that occur during camp, please disclose them here:

ATTACHMENTS

I have ensured that the following documents are included in my child's application:

 \Box My child's application essay

□ My child's most recent report card

Signature of Parent/Guardian: _____

_____ Date: _____

Thank You!

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