

SEND TO:

Fax:
212.931.8563

Email:
programs@theparrisfoundation.org

Call us:
1.800.STEM.414

S.T.E.M. CAMP & WEEKEND ENRICHMENT CONTINUOUS IMPROVEMENT FORM

Please provide student's information:

Student's Name: _____ **Current Grade:** ____ **DOB:** __/__/__ **Gender:** M F

Student's School: _____

Student's Cell Phone #: _____

Please answer the following questions about your child's **participation:**

1) My child participated in this program in the past Yes No
If no, please **STOP** and ask for a S.T.E.M. Camp & Weekend Enrichment Application

If yes, please continue:

2) I am re-enrolling my child for the following **Session(s)** and **Courses** (attending ALL is strongly encouraged)

Spring Session: (14 weeks Feb 21 – May 30) Math Science Tech/Engineering Not Sure Yet

3) I would like to attend FREE 1 hour session(s) explaining: CCSS Cyber Safety & Bullying

4) The most **convenient time** for my FREE session(s) is/are (circle all that apply):
After 6pm: Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays
When I pick up my child: Saturdays

Parent/Guardian information Update:

My **personal information** has **changed:** Yes No If no, please skip to question 5), sign and date the form

New Address: _____

New Cell Phone #: _____ **New Email:** _____

I am interested in other FREE programs offered by The Parris Foundation (Tutoring, coaching, scholarships etc.). Therefore, I am willing to answer the following questions to help obtain FREE programs for my child/children:

Our annual household **income** has **changed from:**

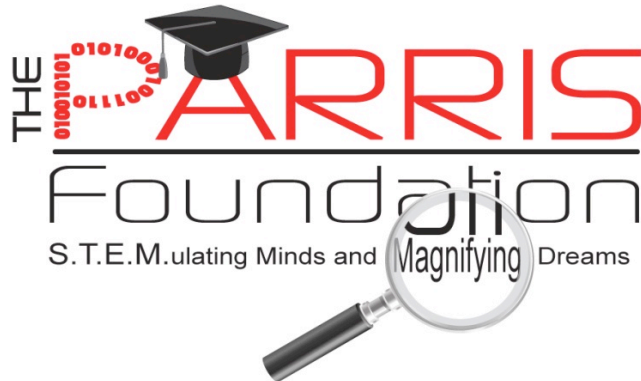
Less than \$25,000	\$25,000 – \$50,000	\$50,000 – \$75,000	\$75,000+
To an income of: Less than \$25,000	\$25,000 – \$50,000	\$50,000 – \$75,000	\$75,000+

My home has ____ parent(s) and there are ____ (i.e. 3) people living in our home

My Child is eligible for the federal free lunch program: Yes No I'm not sure

I _____, commit to bringing my child each Saturday on time and expect my child to stay for the duration of the program. I learned about your program from _____

Parent/Guardian Signature: _____ **Date:** _____



Official Use Only:

ID#: _____

Name: _____

Sea Nut Glut Soy

Diary Vegan Veg

Pork Red Chk

Sug Carb Caff

S.T.E.M.ULATING MINDS PROGRAM MEALS FORM

Please provide student's information:

Student's Name: _____ **Grade** (last completed): ____ **DOB:** __/__/__ Gender: M F

Please answer the following questions about your child's **dietary restrictions:**

- 1) Does your child have food allergies?: Yes No If yes, circle all that apply
 Shell Fish/Seafood Nuts Wheat/Gluten Soy Other, please specify: _____
- 2) Does your child have lactose intolerances? (cannot have diary: milk, eggs, cheese, mayo) Yes No
- 3) Is your child a vegan? (no meat. no diary) Yes No
- 4) Is your child a vegetarian? (no meat. Diary ok) Yes No
- 5) Does your child have other dietary restrictions? Cannot have: Yes No If yes, circle all that apply
 Pork Red Meat Chicken Gluten
 High Fructose Carbonated Drinks Caffeine Drinks Other Specify _____

Please circle session:

Fall (\$50): 10 Weeks - Oct-Dec

Spring (\$70): 14 Weeks - Feb-May

Summer \$40: 8 Weeks - July-August

I _____, would like to provide a \$5 per week donation to offset the cost of meals for my child for the duration of the 14 week program and I'm willing to make my donation of \$50 for meals prior to the start or on the **1st day of the program.** My donation will be used to supplement the cost of ALL lunch meals and drinks on Saturday's during the session.

Parent/Guardian Signature: _____

Date: _____

Payment Terms: On or Prior to program Start Date

Reminder: Please include your child's name and the invoice reference with your payment.

Detach and enclose this coupon with your payment. Check or Money Order only

REMITTANCE

Student's Name: WRITE YOUR CHILD'S NAME HERE

Invoice Reference: Lunch

Payee Name: The Parris Foundation, Inc.

Address: 414 West 145th Street

City, St Zip: New York, NY 10031

Amount Enclosed: \$