



Summer Enrichment Program – 2010 Student Application and Information Form

| STUDENT INFORMATION | | | | | |
|--|--------|---------------------------------------|---------------------------------|--|-----------------------------|
| Last Name: | First: | Middle: | | | |
| Street Address: | | | | Apartment/Unit #: | |
| City: | | State: | | ZIP: | |
| Home Phone: | | E-mail Address: | | | |
| Emergency Contact Name: | | Contact Phone: | | Entering Grade Level: | |
| Date of Birth (MM/DD/YYYY): | | Gender: MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> | Are you a U.S. Citizen: YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Race/Ethnicity: Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Caucasian / White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| Class Registered For: | | | Instructor Signature: | | |

| COLLEGE/CAREER INFORMATION | |
|---|---------------------------------|
| Do you plan to attend college: YES <input type="checkbox"/> NO <input type="checkbox"/> | What College: |
| Are you interested in a career in: Math <input type="checkbox"/> Science <input type="checkbox"/> Engineering <input type="checkbox"/> Other <input type="checkbox"/> _____ | |
| Highest level of Math taken: | Highest level of Science taken: |
| *List All AP Classes Taken and Grades: | |
| Summarize all Science Activity Participation: | |
| *Highest Standardized Test Scores: PSAT: SAT: ACT: | |

**List only if applicable*

Student Fees: \$50.00 High School – 6 Week Program

Are you a currently in NM MESA and have the required paperwork on file? Yes [] No []

If you checked no, you must also submit the following NM MESA forms with this application:

- A-1, NM MESA Parent Permission Form
- A-2, NM MESA Student Profile

NOTE: All 2010 Summer Enrichment participants are required to participate in NM MESA for Summer of 2010.

Please **make checks or money orders ONLY (no cash) payable to NM MESA, Inc.** and return it and this form to your NM MESA Advisor or Summer Enrichment Teacher.

Please Complete the Remaining Information on the Reverse Side of this Form

**NM MESA JETS/UNITE Summer Enrichment Program - 2010
Emergency Contact Information and Authorization for Medical Treatment**

Student Name _____

Parent/Legal Guardian Name(s) _____

Address (include city and zip code) _____

Phone: (Work) _____ (Home) _____ (Cell) _____

Other Emergency Contact:

Name _____ Phone _____ Relationship _____

Insurance Carrier _____ Policy Number _____

Native American Students, Please Provide Tribal ID # _____

Physician's Name _____ Phone _____

Date of your child's most recent Tetanus booster shot _____

The following information is used **only** to maintain your child's safety. Please note if your child suffers from any of the following (check all that apply).

| Condition | List/Medications Taken For* | Condition | List/Medications Taken For* |
|--|-----------------------------|---|-----------------------------|
| Athletic Injury <input type="checkbox"/> | | Medication Allergies <input type="checkbox"/> | |
| Diabetes <input type="checkbox"/> | | Epilepsy <input type="checkbox"/> | |
| Asthma <input type="checkbox"/> | | Insect Allergies <input type="checkbox"/> | |
| Food Allergies <input type="checkbox"/> | | Other (Please List): <input type="checkbox"/> | |

***If your child takes any medication, please list them here. Our instructors cannot dispense prescription medicines. Your child must be able to take responsibility for their medications, including those for asthma.**

Authorization for Medical Treatment –

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child listed above, in the event of a medical situation occurring in my absence or when hospital personnel or physicians are unable to contact me. This authorization extends to any hospital, physician(s) and/or nursing personnel within the physician's staff where treatment is rendered under the physician's guidance. I release from medical responsibility the hospital, physician(s) and/or nursing personnel who perform medical procedures and acting on the authority of this medical treatment consent form, which such medical providers deem necessary for my minor child.

The Undersigned HEREBY WAIVES any and all claims that he or she may have against NM MESA, Inc., NM Tech, JETS, and/or U.S. Army UNITE Program.

I, _____ have carefully read the NM MESA Student Application and Information Form and the Emergency Contact Information and Authorization for Medical Treatment Forms and acknowledge that I understand its content and agree to be bound by all the terms and considerations set forth herein. The signature at the end of this Agreement evidences my understanding and commitment to the Agreement.

Parent/Guardian Signature

Date