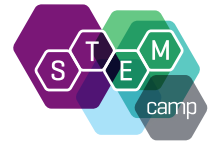


Registration Form



Student Details

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

School: _____ Year/Grade: _____

Camp Selection

Please tick Week 1, Week 2, or Weeks 3 & 4 for your son/daughter as it relates to the camp and each day they will have lunch.

If you opt for lunch, please fill out and return the Lunch Selection Form with the Registration Form.

Week 1: July 1 – 5

Week 2: July 8 – 12

Weeks 3 & 4: July 15 – 26

Home Address

Street: _____ Parish: _____

Postal Code: _____

Parent/Guardian Contact Details

Name[s]: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

T-Shirt Sizing

YOUTH: Large Medium Small

ADULT: Large Medium Small

Special Needs - List any allergies or dietary restrictions

Additional Information

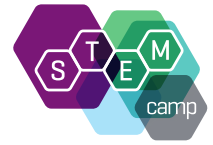
Teacher Reference

Please request that your student's Science, Technology or Math teacher complete the included reference form.

References are to be emailed directly to Sonia Paul-Smith at spsmith@ascendant.bm

Student's applications will not be considered complete without the reference.

Parental Consent & Liability Waiver



Student Details

I [Parent/Guardian Name] _____

desire for my child [Student Name] to participate in the STEM SUMMER CAMP offered by ASCENDANT GROUP LIMITED from:

- Week 1: July 1 – 5
- Week 2: July 8 – 12
- Weeks 3 & 4: July 15 – 26
- I understand and I accept the risks associated with participation. My child has no known medical conditions that prohibit participation in this activity.
- I agree to hold harmless and release STEM SUMMER CAMP and/or ASCENDANT GROUP LIMITED and/or any of its SUBSIDIARIES, AGENTS, SPONSORS AND INDEPENDENT CONTRACTORS or their SUB-CONTRACTORS from all liability resulting from any injuries and/or damages howsoever sustained during participation in the STEM SUMMER CAMP.
- I understand and agree that the STEM SUMMER CAMP and/or ASCENDANT GROUP LIMITED and/or any of its SUBSIDIARIES, AGENTS, SPONSORS AND INDEPENDENT CONTRACTORS or their SUB-CONTRACTORS shall not be responsible for any loss and/or damage to my child's personal possessions.
- I understand that the STEM SUMMER CAMP will require my child to have to climb stairs on a daily basis as well as for the tour.
- I give permission for my child's photograph to be used in future promotions.
- I give permission to ASCENDANT GROUP LIMITED to release my child at the end of camp to walk to my office/the bus station home/etc.

Signature: _____ Date: _____

Ascendant Group's Internal Section only

Application Approved By: _____ Date: _____

Payment Received: _____ Date of Receipt: _____

Lunch Form



Student Details

First Name: _____ Last Name: _____

Please select the lunch for your child below. Please ensure you specify condiments, meat, and other toppings. The choice of meal includes french fries and a small bottle of juice. All lunch is free.

If your student is completing the two-week camp and will have lunch both weeks, please submit two lunch forms.

Lunch Days

Monday Tuesday Wednesday Thursday Friday

Monday

Wrap: _____ Sandwich: _____

Turkey or Beef Burger: _____ Chicken Wings or Tenders: _____

Tuesday

Wrap: _____ Sandwich: _____

Turkey or Beef Burger: _____ Chicken Wings or Tenders: _____

Wednesday

Wrap: _____ Sandwich: _____

Turkey or Beef Burger: _____ Chicken Wings or Tenders: _____

Thursday

Wrap: _____ Sandwich: _____

Turkey or Beef Burger: _____ Chicken Wings or Tenders: _____

Friday

Wrap: _____ Sandwich: _____

Turkey or Beef Burger: _____ Chicken Wings or Tenders: _____

Parent/Student Questionnaire & Survey



Student Details

Name: _____ Age: _____

How many years of programming experience does your child have?

Has your child taken part in any programming-related groups such as ConnecTech, BIOS ROV, Afterschool program, or In-School curriculum? If yes, please list which ones. If no, please put N/A.

What programming languages does your child have experience with?

How would you classify your child's knowledge of the programming language[s] you listed above? If you're child has no experience, please indicate N/A.

Does your child have a favourite programming language? If so please, indicate below. If not, please put N/A.

If your child could pick his/her project for the STEMP Camp, what would it be?

What would your child like to learn during the STEMP Camp?

Has your child attended the Ascendant Group Limited STEMP Camp previously? If so, please indicate which year[s]. If not, please put N/A.
