



## Program Application Information New Student Summer 2018

**Thank you for applying to the Science Explorers in Nature program brought to you by Lake County Forest Preserves.**

Participating in Science Explorers in Nature will give you an opportunity to stretch your mental muscles and learn just how fun science can be. If accepted, you will spend four weeks exploring the world of science in fun and hands-on ways. We are excited to be able to offer this program free of charge to 32 students from Lake County schools that will be entering grades 7<sup>th</sup>-9<sup>th</sup> in the fall of 2018. We appreciate your interest in the program!

**To apply to the Science Explorers in Nature program you must submit:**

1. A completed Program Application Form, signed by you and your parent/guardian.
2. A completed Student Agreement Form, signed by you and your parent/guardian.
3. A completed Recommendation Form, preferably from a science teacher or community leader (pastor, youth group leader, etc.) who knows you well and is not related to you.
4. A copy of your Report Card from 2<sup>nd</sup> quarter (January) OR the most recent one you have.

**APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY Friday, April 27.** Submit your completed application package as soon as possible to help ensure your chances of being accepted.

Submit **all four** application components together  
by Friday, April 27 to:

Lake County Forest Preserves  
SEN Forms  
1899 W Winchester Road  
Libertyville, IL 60048

If you have any questions, contact April Vaos at 847-968-3368 or [avaos@lcfpd.org](mailto:avaos@lcfpd.org). You can also find information about Science Explorers in Nature at [www.LCFPD.org/science-explorers](http://www.LCFPD.org/science-explorers)

**Please keep this page for your records.**



### ***What is Science Explorers in Nature?***

Science Explorers in Nature is a FREE summer science enrichment program. The goal is to increase students' knowledge and appreciation of the environment. In Science Explorers in Nature, students become scientists and learn how scientists study the environment. Students can enroll in the four-week session that takes place at the Greenbelt Cultural Center in North Chicago. A school bus route with stops at participating schools provides transportation starting as early as 7:30 AM to bring students to the Greenbelt Cultural Center by 9:00 AM. Students are provided with all the materials they need to participate, including free snacks and lunch every day of the program. Students leave the Center at 3:00 PM each day to return to the school bus stop.

### ***What do students do?***

- Learn about a variety of science related careers.
- Take field trips in Lake County Forest Preserves to learn about natural areas including prairies, woods and wetlands.
- Learn how to conduct their own scientific research and prepare a presentation.
- Spend a lot of time outside taking part in hands-on science activities.
- Spend all day in a new world surrounded by nature and other curious students.

### ***When is the program?***

Monday through Friday, June 18 – July 13, 2018

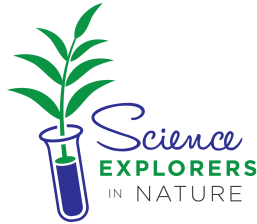
No session Wednesday, July 4

### ***Who can participate?***

Eligible students are entering grades 7-9 in fall 2018 in a Lake County school. Priority is given to students who receive (or would be eligible for) a free or subsidized school lunch and to returning students. Students and parents must commit to all four weeks of the program and agree to provide their own transportation to one of our designated middle school bus stops in Zion, Beach Park, North Chicago, Waukegan, Round Lake area, Diamond Lake/Mundelein, Fox Lake, or Ingleside or to the Greenbelt Cultural Center. There is no supervision at these school bus stops.

If you have any questions, contact April Vaos at 847-968-3368 or [avaos@lcfpd.org](mailto:avaos@lcfpd.org). You can also find information about Science Explorers in Nature at [www.LCFPD.org/science-explorers](http://www.LCFPD.org/science-explorers)

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# Program Application Form New Student Summer 2018

Student Name

Address

City & State

Zip Code

Date of Birth

Current Grade

Gender (M or F)

School

Father/Guardian Name

Daytime Phone

Mother/Guardian Name

Daytime Phone

Evening Phone

Parent E-mail Address

Have you participated in Science Explorers in Nature before?    Yes    No

Please mark your child's T-shirt size so that we may order the right size:

ADULT T-Shirt Size:     Small     Medium     Large     Extra Large     XXL

Please check your preferred summer bus stop at middle schools from eligible Lake County school districts \*:

- |   |   |
|---|---|
| <input type="checkbox"/> Beach Park Middle School, Beach Park       | <input type="checkbox"/> Round Lake Middle School, Round Lake Heights     |
| <input type="checkbox"/> Neal Math & Science Academy, North Chicago | <input type="checkbox"/> John T. Magee Middle School, Round Lake          |
| <input type="checkbox"/> Miguel Juarez Middle School, Waukegan      | <input type="checkbox"/> West Oak Middle School, Diamond Lake (Mundelein) |
| <input type="checkbox"/> Robert Abbott Middle School, Waukegan      | <input type="checkbox"/> Stanton School, Fox Lake                         |
| <input type="checkbox"/> Jack Benny Middle School, Waukegan         | <input type="checkbox"/> Gavin South Junior High School, Ingleside        |
| <input type="checkbox"/> Thomas Jefferson Middle School, Waukegan   |   |
| <input type="checkbox"/> Daniel Webster Middle School, Waukegan     |   |
| <input type="checkbox"/> Zion Central Middle School, Zion           |   |

Schools are not responsible for supervision or coordination at the bus stops.

\* If you live outside of these districts you may still apply to the program but must provide your own transportation each day to and from one of the above bus stops or to and from the Greenbelt Cultural Center, 1215 Green Bay Road, North Chicago, IL 60064. Bus stops will not be supervised. The bus schedule will be determined prior to the program start date and handed out at the Parent Orientation.



***The applying student should complete the questionnaire below. Keep in mind that you should be honest and answer each question in detail.***

1. What are your favorite subjects in school? Why?

2. Are you involved in any after-school activities? If so, which ones?

3. What do you normally do during your summer break?

4. Do you like being outside and spending time in nature (with plants and insects, etc.)? Why?

5. Please describe a science experiment that you have done. Tell us as much as you can remember about the experiment. What was interesting to you about this experiment?

6. Why do you want to attend the Science Explorers in Nature program? What do you think you will get out of this program?





**Recommendation Form  
New Student  
Summer 2018**

Dear Recommender:

Thank you for taking the time to help us assess applicants for the Science Explorers in Nature program. A few brief thoughts from you will be of great assistance to us. Please answer the questions on the back of this form, place it in a sealed envelope and give it to the applicant to include with her/his application. If you need more space, you may attach another sheet. Please be as honest as possible to help us find students who will contribute to the program as well as benefit from it. If you have any questions, please feel free to contact me.

Sincerely,

*April Vaos*

Science Explorers in Nature  
Environmental Educator  
Lake County Forest Preserves  
847-968-3368  
avaos@lcpd.org

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**STUDENT NAME**

Please provide some information about yourself (recommender):

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**Recommender's Name**

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**Affiliation (School / Group)**

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**Daytime Phone #**

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**How do you know the student?**



In order to receive full benefits from the Science Explorers in Nature program, participants must be present, attentive, and able to work with other students and teachers. Please indicate how this applicant compares to other students you have known in the areas listed below.

Please circle the appropriate number regarding the following skills.

**Responsibility/Timeliness:**

1		2		3		4		5
	⇐						⇒	
Poor display of responsibility and timeliness				Highly responsible and timely				

**Respect for others:**

1		2		3		4		5
	⇐						⇒	
Has substantial problems interacting with others				Superior at showing respect for others				

**Ability to work in a team:**

1		2		3		4		5
	⇐						⇒	
Has difficulty working with other students				Is excellent at working with other students				

Our program includes children from diverse backgrounds. How does this child handle meeting new people and dealing with challenges?

How do you think this applicant would benefit from participating in the Science Explorers in Nature program?



**Student Agreement Form  
New Student  
Summer 2018**

I understand that I am applying for the Science Explorers in Nature program offered at the Greenbelt Cultural Center in North Chicago. If I am chosen to participate in this program and accept, **I agree to attend every day of all four weeks of the program, and participate in all program activities.**

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Print Your Name (student)

Date

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Signature (student)

**Parent/Guardian Agreement:**

I give my child permission to apply for, and if chosen, to accept, a place in the Science Explorers in Nature program at the Greenbelt Cultural Center. I understand that my child is expected to attend the program every day for the entire four weeks. I understand that the bus will pick my child up at no cost on Monday through Friday, June 18 - July 13, 2018 (no class Wednesday, July 4) at the school selected if we live in Zion, Beach Park, North Chicago, Waukegan, Round Lake area, Diamond Lake/Mundelein, Fox Lake, or Ingleside. We will let you know the bus arrival times at the Parent Orientation.

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Print Name (parent/guardian)

Date

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Signature (parent/guardian)

**Important! Before mailing your application, make sure you have the following:**

- Completed Program Application Form
- Completed Student Agreement Form
- Completed Recommendation Form
- Copy of most recent Report Card





## Science Explorers in Nature

### Emergency Contact, Medical Information, Waiver and Release Form

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camp Location: Greenbelt Cultural Center and off-site field trips

### Emergency Contact

#### Contacts for Emergencies and Camp Cancellations

Persons listed must be reachable during camp hours.

List contacts in order of who to contact first.

Relationship to  
child:

Phone number to reach this  
contact during camp hours:

1.

2.

3.

#### Email Address:

\_\_\_\_\_

#### Persons Authorized for Child Pick-Up

Camp staff will not release your child unless proper photo identification is shown daily by the persons listed. Print clearly and *remember to include yourself* if you plan to pick-up your child from camp.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name of Participant

## Medical Information and Special Considerations

Check any that apply to your child. With awareness of your child’s needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the camp.

No specific medical or behavioral condition

Food allergies – please specify

\_\_\_\_\_  
 Non-food allergies – please specify

Any physical, emotional or behavioral conditions (including cognitive, LD, ADD, ADHD, or autism) requiring medication, treatment, special restrictions, or considerations while at camp – Please specify (list triggers and management techniques)

\_\_\_\_\_  
List activities from which the camper should be exempted for health reasons or require special accommodations:

*Please note that it is your responsibility to supply any necessary medical equipment that relates to a specific medical condition.*

**Medications:** List below all medications, including EpiPen, asthma inhaler, over-the-counter or nonprescription drugs, taken regularly. \*If your child needs to take medication or you expect camp staff to dispense medication to your child during camp hours, please ask at Parent Orientation to complete the Medication Dispensing Information, Permission and Waiver form.

\_\_\_\_\_  
MEDICATION  
TAKEN

\_\_\_\_\_  
DOSAGE

\_\_\_\_\_  
SPECIFIC TIME

\_\_\_\_\_  
REASON FOR TAKING

\_\_\_\_\_  
MEDICATION  
TAKEN

\_\_\_\_\_  
DOSAGE

\_\_\_\_\_  
SPECIFIC TIME

\_\_\_\_\_  
REASON FOR TAKING

Check box if your child is taken off a particular medication in summer

**Health Insurance and Physician**

Insurance Company	Policy/Group Number	Participant ID Number
Physician's name	Office Phone Number	_____/_____/_____ Date of last Tetanus shot
Immunizations: Are the child's immunizations current?    Yes		
No		
Past Medical Treatment: Please list any major medical treatment within the last year:		
Notification: Do you want to be notified <i>immediately</i> for <i>minor</i> injuries (e.g. scrape, non-allergic bee sting, bloody nose, sliver) that do not limit participation?    Yes    No		

**Permission to Secure Treatment**

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**Waiver & Release**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Birthdate, Entering Grade

Please read this form carefully and be aware in registering your minor child/ward for participation in Science Explorers in Nature you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

**Important Information**

The Lake County Forest Preserve District is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Lake County Forest Preserve District strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Lake County Forest Preserve District does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake County

Forest Preserve District automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

**Release of Liability & Permission to Secure Treatment**

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against the Lake County Forest Preserve District and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge the Lake County Forest Preserve District and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Lake County Forest Preserve District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**Photography Release**

I give permission for my child's picture to be used in advertisements for the Lake County Forest Preserves.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



LAKE COUNTY FOREST PRESERVES  
www.LCFPD.org

Preservation, Restoration, Education and Recreation

## Science Explorers in Nature Transportation Services Waiver & Release

Please read this form carefully and be aware that in consideration for the Lake County Forest Preserve District providing transportation services for the Science Explorers in Nature program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that the Lake County Forest Preserve District is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the Lake County Forest Preserve District, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with said transportation services.

I further agree that this agreement shall be governed by the laws of the State of Illinois.

**I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Participant's Name: (Please Print) \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date \_\_\_\_\_