

Mater Dei



Summer Science

(current 4th, 5th & 6th grade students)

The Mater Dei High School science faculty will host "2019 Wildcat World of Science" for students in the current 4th, 5th & 6th grades. Each day of the **two morning camp** will allow students to enjoy working in the **physics, chemistry and biology labs** with the **Mater Dei faculty and volunteer high school students**. Camp students will perform lab activities using many of the **same concepts, techniques and equipment that our high school students use**. **Goals of the camp** include allowing the students (1) to enjoy doing science, (2) to learn science concepts and (3) to meet new friends. **Please join us!**

For more information, contact Mr. Carl Voegel (camp organizer) at: cvoegel@evdio.org

Dates: May 23rd (Thurs) and 24th (Fri) (ATTEND 1 DAY or BOTH)

Grades: 4, 5 and 6 (during the 2018 – 2019 school year)*****

Times: 8:45 – 11:30 A.M. (each day)

Location: Mater Dei High School

Cost: \$ 40. 00 (Checks made out to: **Mater Dei High School**) (Please do not add this fee to another camp fee because it is a mess to sort out. Thank you!) **(\$ 20. 00 if attending only 1 day)**

Presenters: Mater Dei Science Faculty assisted by Mater Dei science student volunteers

.....(CLIP AND MAIL).....

Please mail the bottom of this form (parents, please fill in front and back) along with the payment to:

Mater Dei Science Camp, 1300 Harmony Way, Evansville, IN. 47720

My son/daughter will attend (circle one): both days Thursday only Friday only

(PLEASE MAKE PHONE NUMBERS VERY CLEAR) To assist us, complete the following emergency information (both sides)

Student name: _____ Address: _____

Current (2018-19) grade: _____ School: _____

Health Insurance Company: _____ Policy #: _____

Physician: _____ Phone: _____ Hospital preference: _____

Medical concerns (allergies, medications, etc.) and/or considerations such as Epi-pen or inhaler requirements?

Name of Father(Step-father): _____ Cell # _____ e-mail: _____

Name of Mother(Step-mother): _____ Cell # _____ e-mail: _____

Any additional emergency information needed: _____

Parents, please be sure to fill out the bottom of this form for emergency reasons.

Mater Dei's staff is committed to meeting the needs of all students, in so far as possible. There are some conditions, however, for which the school cannot provide the necessary resources. Please e-mail Mr. Voegel if special circumstances exist.

*In case of accident or serious illness, I request the school to contact me. If I cannot be reached, I **hereby authorize the school to make whatever arrangements the circumstances allow.** It is understood and agreed that Mater Dei, the faculty, nor the Diocese is the insurer of my child's health and safety while at Mater Dei High School. It is my obligation to provide insurance for my son/daughter. If my child needs emergency medical care, and neither parent nor non-parent emergency contact can be contacted, consent is granted for such emergency treatment considered necessary by the attending physician.*

Father/Guardian's signature: _____

Date _____

Mother/Guardian's signature: _____

Date _____