

KidScience Application



Student Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Student Email _____

Date of Birth _____ School _____ School District _____

County _____ Grade Level (Fall 2016): 6 7 8

Parent/Guardian Name(s) _____

Parent/Guardian Day/Work Phone Number(s) _____

Parent/Guardian Cell Number(s) _____

Parent/Guardian Email _____

How did you first hear about KidScience? _____

Which session of KidScience are you available to attend: AM (9 am – 1 pm) PM (1 pm – 5pm)
No preference/Could attend either session

Along with this application form, please include the following:

☞ **Essay:** On a separate piece of paper, please type a one-page essay about why you are interested in participating in the KidScience program. Include how the program ties into your interests/hobbies, what you can offer the program, and how the program will benefit you.

☞ **Two letters of recommendation.** Preferably, these should come from teachers you had last year. Letters from school counselors, school administrators, or youth-related activities/club leaders are also okay. (Please use the forms provided.)

Applicant's statement: I have read the program description and requirements of the KidScience program at the Pittsburgh Zoo & PPG Aquarium, and wish to apply for the program.

Signature _____ Date _____

Parent/Guardian's statement: I understand how the KidScience program might benefit my child, and agree to facilitate his or her participation in the program if selected.

Parent/Guardian Signature _____ Date _____

KidScience Health Form

Student Name _____

Emergency Contact: Name _____ Phone Number _____

Relation to Student _____

Doctor's Name _____

Doctor's Phone Number _____

Please check if your child has suffered from any of the following:

rheumatic fever asthma eye trouble insect sting allergies

tuberculosis convulsions ear trouble seasonal allergies

heart disease diabetes hay fever allergies to meds

exposure to any communicable diseases (if checked, please explain) food allergies

any other serious illnesses, operations, or accidents (if checked, please explain)

Please explain any items that were checked above: _____

Is your child now under medical care or taking any medication? If yes, please explain: _____

Does your child have any learning disabilities or behavioral concerns of which the teachers should be aware? If yes, please explain (Please note, this information is only to allow teachers to better able serve your child and will not affect the applicant's status):

Any other health restrictions or problems? If yes, please explain: _____

AUTHORIZATION: The information contained on this health form is correct as far as I know. In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher or zoo staff to attend to my child. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher or zoo staff to take my child to the physician, dentist, or hospital if an accident or serious illness occurs and I cannot be located.

Parent/Guardian's Signature _____ Date _____

KidScience Participation Agreement

The KidScience program is a partnership between the student participating, his/her parents/guardians, and the Pittsburgh Zoo & PPG Aquarium. It is designed to have students make an immediate and meaningful contribution to zoo research. Throughout the partnership, students will become familiar with scientific methods and principles by being involved in challenging and varied hands-on experiences in conservation biology. These experiences need to be based on mutual respect, understanding, and support between students, parents/guardians, and teachers. The following outlines the expectations of all involved with the program. By signing below, you are agreeing to the following:

Students:

- ☞ I will participate and contribute to the KidScience program and will do my best to attend all classes.
- ☞ I am responsible for producing quality work to the best of my ability, asking for help if I do not understand.
- ☞ I will be a role model, acting in a manner that will reflect positively upon me, the KidScience program, the Pittsburgh Zoo & PPG Aquarium and the school in which I attend.
- ☞ I will treat myself, my teachers, zoo visitors and zoo property with respect.

Parents/Guardians:

- ☞ It is important for my child to attend class.
- ☞ My student will dress appropriately, following established dress codes.
- ☞ My child's participation in KidScience is unique, and I will encourage him/her to discuss what they have learned.
- ☞ It is important for me to keep in touch with the KidScience Coordinator when I have questions or concerns that need to be addressed.

Teachers:

- ☞ Every student will be treated with respect.
- ☞ It is important to resolve the questions and concerns of students and parents/guardians.
- ☞ I will present lessons and activities in a clear manner.

☞ I will make sure that each student experiences success in the program.

Student Name (Please Print) _____

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

AGREEMENT OF PARTICIPATION: It is necessary to have parent/guardian consent for their child to participate in the KidScience program at the Pittsburgh Zoo & PPG Aquarium. I agree that the zoo or zoo personnel will not be held liable in case of an accident involving my child. I hereby give consent and approval for my child to participate in all activities, projects and outings during the KidScience program. I relieve the KidScience program, the Pittsburgh Zoo & PPG Aquarium, the Zoological Society of Pittsburgh, staff and instructors from any responsibility for any bodily harm incurred as a result of my child's participation in KidScience.

Parent/Guardian's Signature _____ Date _____

PRESS CONSENT: The Pittsburgh Zoo & PPG Aquarium reserves the rights to use any and all photographs and videotapes for television, public relations, and/or marketing of the Pittsburgh Zoo & PPG Aquarium. I give my permission for the Pittsburgh Zoo & PPG Aquarium to use these photos and videotapes of my child for marketing purposes. (The zoo is committed to the safety and well-being of your child, and will only use your child's first name and age/grade level.)

Parent/Guardian's Signature _____ Date _____