

HATS Summer Program Application

Please complete application and mail with your payment **by May 1, 2008** to:
HATS, Stetson University, 421 N. Woodland Blvd., Unit 8419, DeLand, FL 32723

- ✓ Please complete and **mail application**.
- ✓ Please **enclose payment of \$260** (check made payable to "HATS") for each class. (If your child is taking two classes, please complete a new application for each class selected. However, you may pay for both classes with one check.)
- ✓ **Multiple class discount:** If your child is taking two or more classes, or if a sibling is also attending HATS, classes will cost **\$210** each.
- ✓ If the applicant receives free or reduced lunch, he or she is eligible for a discount. Please enclose payment of **\$160** (check made payable to "HATS") for each class and **include a photocopy of his/her free and reduced lunch form provided by the school**.
- ✓ You will receive an e-mail confirmation when your application is received. Should the class be full, your second choice will be assigned. Please do not indicate a second choice unless you are willing to participate. **We suggest you print an additional application or make a photocopy of this application for your files.**

Student's Last Name	First Name	MI	Social Security # (please see page 2)
Street Address		City	State Zip
/ /	M F	4 5 6 7 8 9	Parent/Guardian Name
Date of Birth	Gender	Current Grade (2007-2008 school year)	
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Home Phone	Work Phone	Cell Phone	

E-mail Address – A current e-mail address **MUST** be provided to receive confirmation that your application was received. **PLEASE PRINT NEATLY and distinguish letters from numbers (ex. 1 or i, zero or the letter "O", etc.)**

T-Shirt Size (Adult Sizes Only): ___ Small ___ Medium ___ Large ___ XL ___ XXL ___ XXXL
 (Additional shirts may be purchased @ **\$10.00** each; please indicate Size and Quantity. There is **NO CHARGE** for the first shirt.)

1st Choice

Number (Ex: DEL-101)	Name (Ex: Forensic Science)	Location (Ex: DeLand)	Dates (Ex: July 21-25)
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2nd Choice

Number	Name	Location	Dates
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(NOTE: Please do NOT indicate a second choice unless you are willing to participate in that class should your first choice be full.)

Contributions to the HATS/Belin-Blank Scholarship Fund are tax-deductible and deeply appreciated. Donations can be included with your HATS registration. We greatly appreciate your donation in any amount.

___ \$5 ___ \$10 ___ \$25 ___ \$50 ___ Other Amount \$ _____ ___ I do not wish to contribute at this time.

Amount included for additional T-Shirts (\$10 for each additional shirt) \$ _____

Total Amount Enclosed: \$ _____

Enrollment Contract (Form B)

We are very excited that you have chosen to spend part of your summer with us and promise to do our best to make it a time you'll never forget! To ensure that you have a safe and fun experience, we must ask that you follow a few rules.

- ❖ HATS participants will be under the direct supervision of a staff or faculty member from the time they are dropped off until a parent or authorized person arrives to pick them up. Since we have so much to do and so little time in which to do it, attendance is vital. Please make every effort to arrive on time and be ready to learn! If there is an emergency that forces you to miss a class, please notify a HATS staff member immediately, or by calling 386-822-7091.
- ❖ HATS participants are required to behave in an appropriate manner.
- ❖ HATS participants are required to wear their HATS T-shirts each day so as to be recognizable and visible to staff. Only parents, guardians, and persons identified on Form C are authorized to pick up students.
- ❖ Any photographs, videotaping, or other records of the Program may be used to promote future HATS Programs. By signing this form, you are granting HATS and Stetson University permission to use these artifacts in promotional media.
- ❖ If for any reason your class is canceled, and no second choice is indicated, we will notify you as soon as possible to choose an alternate class or request a refund. (Note: A Social Security Number is required to issue any portion of a refund.) You can expect to receive more specific details about the class location, etc approximately **2 weeks** prior to the start of class. (Please note: E-mail is our primary method of communication. Please be sure to provide an e-mail address that you check regularly.)
- ❖ If for some reason your child cannot attend, please note that \$50 of the registration fee is non-refundable. Please complete and return all 3 pages of this application along with your payment.

By signing this form I acknowledge and agree to all the above terms.

Parent/Guardian PRINTED NAME

Student PRINTED NAME

Parent/Guardian Signature

Student Signature

Date

Date

**PLEASE MAKE A COPY OF THESE PAGES FOR YOUR RECORDS
FOR INCOME TAX PURPOSES, PLEASE RETAIN THIS NUMBER: ID# 59-0624416**



Health and Emergency Contact Information (Form C)

To Parents and Guardians:

All information requested here is to ensure your child's safety and comfort. It will remain **confidential**.

Name: _____
(Last) (First) (MI)

Family Physician: _____ Physician's Phone: () _____

Does your child have any physical, dietary, or medical restrictions (please list any current condition, such as asthma, diabetes, epilepsy, allergies, heart condition, etc)? _____ Yes _____ No

If yes, do special arrangements need to be made? _____ Yes _____ No

If yes, please explain: _____

Is your child currently taking any medications? _____ Yes _____ No

Will it need to be administered during the time he/she is in class? _____ Yes _____ No If yes, please specify *in writing* how and when medication is to be administered.

EMERGENCY CONTACT/ AUTHORIZATION TO PICK UP STUDENT:
(Please provide at least two emergency contacts.)

Name: _____ Phone: (_____) _____

Relationship to student: _____ Authorized to pick up? _____ Yes _____ No

Name: _____ Phone: (_____) _____

Relationship to student: _____ Authorized to pick up? _____ Yes _____ No

Name: _____ Phone: (_____) _____

Relationship to student: _____ Authorized to pick up? _____ Yes _____ No

Name: _____ Phone: (_____) _____

Relationship to student: _____ Authorized to pick up? _____ Yes _____ No

FOR OFFICE USE ONLY:

Class Name and Number: _____ Shirt Size: _____

Student Name: _____ Quantity: _____

Instructor: _____

Special Instructions: _____