



STREAM CAMP

WHAT IS STREAM?!

STREAM stands for: Science, Technology, Reading, Engineering, Arts and Math.

The Kingsport City Schools Summer STREAM Camp is designed to spark interest in STREAM learning through hands-on, project-based learning in the areas of Chemistry, Digital Media, Engineering, Environmental Exploration, and Exploration of the Arts.

WEEK 1, WEEK 2 OR BOTH WEEKS!

WEEK 1: June 13 - 17

WEEK 2: June 20 - 24

Campers will work to search for solutions, discover new learning through exploration, design their own creations, learn about STEM careers, and showcase their learning through a digital portfolio.

Each week will be unique in design, activities and opportunities.

NEW THIS YEAR! During Week 2, the rising 5th/6th graders will participate in STREAM Camp AMPed! This is not limited to, but designed for those rising 5th/6th graders who have previously attended STREAM Camps.

2016 STREAM CAMP APPLICATION

Designed specifically for rising 2nd - rising 6th graders.



Follow us!
@KCS_STREAMCamp

SUMMER CAMP DETAILS!

June 13 - 24, 2016

8 a.m. - 3 p.m.

Sevier Middle School

TUITION: \$175 *per week (includes all activities, t-shirt, lunch, and snack) *Multiple campers per family, the first camper will pay the full tuition rate of \$175, while additional campers will pay a reduced rate of \$150 per child.

PAYMENT: Should be made upon submission of registration. Only payment method accepted will be checks. Please make checks payable to: City of Kingsport.

REGISTRATION: Complete registration form and return with payment no later than Friday, May 13, 2016 (registration deadline) to:

**Kingsport City Schools
STREAM SUMMER CAMP**

ATTN: Amy Doran

**Washington Elementary School
1100 Bellingham Drive
Kingsport, TN 37660**

**QUESTIONS: Contact Amy Doran at
(423) 378.2481 or ador@k12k.com.**

MEDIA RELEASE:

I hereby authorize and grant full permission to Kingsport City Schools to publish and copyright all photographs, video and other media in which my child appears while enrolled in a Kingsport City Schools STREAM Summer Camp. I agree that Kingsport City Schools may use, in whole or in part, photographs, video, writings, drawings, creations, voice recordings of program participants for activities including but not limited to publications, websites, staff training, curriculum development and marketing. I affirm that I have the legal right to grant this permission. If such is not consent to, I will contact Amy Doran via email or call with my concerns with the above statement.

PROGRAM GUIDELINES:

PAYMENTS

- All payments are due in full at the time of registration.
- Only payment method accepted will be checks. Please make checks payable to: City of Kingsport.

REFUND POLICY

- All refund requests must be submitted in writing and may be sent to Amy Doran at ador@k12k.com.
- For registrations: A full refund less the non-refundable deposit will be provided until three weeks before the start of the registered program. After such time, tuition is forfeited.
- No Shows: No refund, credit or transfer is provided for a child who misses parts of the program or doesn't come to the program for any reason.
- There will be no refunds if a program participant is temporarily or permanently suspended or dismissed from a program due to failure to follow the KCS Code of Conduct.

TRANSPORTATION

- Parents/guardians will be required to provide transportation to/from the STREAM Summer Camp.
- Send students in weather appropriate clothing as we will be outdoors at times.



Kingsport City Schools.

2016 STREAM SUMMER CAMP APPLICATION

STUDENT INFORMATION:

Student's Name: _____
Date of Birth: _____
School: _____ Grade: _____

**SPACE IS LIMITED...
APPLY TODAY!**

Parent/Guardian's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone: _____

In case of emergency, please contact (other than parent):
Name: _____ Phone: _____
Relationship to student: _____
Student's Physician: _____ Phone: _____

Person authorized to pick student up (other than parent): _____
Relationship to student: _____

SUMMER CAMP SELECTION (CIRCLE ONE):

WEEK 1 WEEK 2 BOTH WEEKS

MEDICAL INFORMATION:

Do you have any medical conditions/allergies that we need to be aware of? _____
If yes, please explain: _____

T-SHIRT INFORMATION:

Please circle only one desired t-shirt size for your student:
CHILD: SMALL MEDIUM LARGE X-LARGE
ADULT: SMALL MEDIUM LARGE X-LARGE

_____ By checking here, I accept the release of liability and permit my child's participation in Kingsport City Schools STREAM Summer Camp. I also understand and agree to all policies listed below as well as the media release and program guidelines stated to the right.

RELEASE OF LIABILITY AND PERMISSION TO PARTICIPATE IN ACTIVITIES:

I hereby grant permission for KCS administration to take necessary steps to obtain emergency medical care, if warranted in the opinion of the KCS administration. These steps may include the following:

- Attempts to contact parent or guardian.
- Attempts to contact persons listed on the registration form.
- If I or the persons listed cannot be reached, KCS administration will call the paramedics or an ambulance, if so warranted in the opinion of the KCS administration.
- I understand and agree that any expense incurred will be my responsibility.