



**Optical Science Center for Applied Research
2017 Middle School Summer Enrichment Program
Application Form**

Type or Print Neatly (Unreadable forms will not be processed)

Student Information:

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Grade: _____ Age: _____ Gender: Male Female

Parents Information:

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Contact Number: _____ Contact Number: _____

Email Address: _____ Email Address: _____

School Information:

School Address: _____

City: _____ State: _____ Zip Code: _____

I hereby grant permission to the Optical Science Center for Applied Research and/or its associates or assistants to photograph/film/interview my child, _____ and use their name, likeness, and/or biographical information. I understand that photographs, films and interviews (names, likeness, and biographical information) or portions thereof will be used for public view (publications, multimedia production, display, advertisement and/ or on the World-wide web.

Parent/Guardian Signature (press release): _____

Please circle the week you would like to participate: June 19-23 June 26-30 July 10-14

Parent/Guardian Signature (permission to participate in program): _____