



**YORK** College

# Robot



Summer 2019 Robotics Program

July 8 – August 2, 2019: Monday-Friday: 1 pm to 4 pm

*Completing this application does not ensure nor guarantee placement in the Program, since space is limited.*

## Student Application Form

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School District: \_\_\_\_\_

Gender: [  ]Female [  ]Male [  ]Other

Grade in Spring 2018: [  ]6<sup>th</sup> [  ]7<sup>th</sup> [  ]8<sup>th</sup> [  ]9<sup>th</sup> [  ]10<sup>th</sup> [  ]11<sup>th</sup> [  ]12<sup>th</sup>

Has or is the student participating in the York College NASA MAA K6-12 STEM OUTREACH? [  ]Yes [  ]No

### PARENT INFORMATION, EMERGENCY CONTACT INFORMATION

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone No.: (    ) \_\_\_\_\_ Alternate Phone No.: (    ) \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Alternate Email Address (optional): \_\_\_\_\_

Emergency Contact (EC) (other than the parent/guardian listed above):

EC Last Name: \_\_\_\_\_ EC First Name: \_\_\_\_\_

EC Relationship to Student: \_\_\_\_\_

EC Phone Number: (    ) \_\_\_\_\_ EC Alternate Phone Number: (    ) \_\_\_\_\_

EC Email Address (optional): \_\_\_\_\_

**SPECIAL NEEDS or ACCOMMODATIONS**

Please list any physical, academic, or other accommodations that the Student may require in the Program:

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Please list any health problems (allergies, diabetes, asthma, epilepsy, heart trouble, etc.) of the Student:

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Please list any dietary needs or restrictions for the Student:

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**ADDITIONAL INFORMATION (Optional)**

Submission of information about ethnic/racial background is VOLUNTARY and will not be used when considering this application.

Student's Ethnic Background (check appropriate box):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian                              | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Hispanic / Latino / Latina    | <input type="checkbox"/> Native Hawaiian / Pacific Islander |   |
| <input type="checkbox"/> White (Non-Hispanic)          | <input type="checkbox"/> Other                              |   |

How did you hear about RobotIQK (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Classroom Visit           | <input type="checkbox"/> Flyer / Brochure       | <input type="checkbox"/> Magazine              |
| <input type="checkbox"/> Newspaper                 | <input type="checkbox"/> Radio                  | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Social Club / Institution | <input type="checkbox"/> Social Media           | <input type="checkbox"/> Student's School      |
| <input type="checkbox"/> Television                | <input type="checkbox"/> Web site               | <input type="checkbox"/> Web / Online          |
| <input type="checkbox"/> Word-of-mouth             | <input type="checkbox"/> Other (specify): _____ |  |

I, \_\_\_\_\_ (Parent/Guardian), do hereby release and discharge CUNY, York College, RobotIQK site, members, staff, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising in any manner from this student and child's participation in the RobotIQK program and projects and/or related activities sponsored by RobotIQK. I willingly agree and give my consent to let RobotIQK enter data about my child or student into its computer information systems. I hereby grant RobotIQK and others acting on its behalf, the right to record and his or her voice using audio, photography, video, or other such electronic and digital means and techniques, concerning my child or students activities and participation in the RobotIQK program; to include my child or student's name, likeness, voice and biographical material in connection with these recording; to use, reproduce, distribute, and exhibit such recording in any and all media, (including the Internet, online and Web based media) throughout the world without limitation; and to authorize others to do so, for any purpose which RobotIQK and those acting pursuant to its authority, deem appropriate. I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. I understand that this grant is provided at no cost and that no compensation of any kind shall be due or expected.

In case of an emergency, I hereby grant consent to the staff of RobotIQK to provide medical services to my child or student, through appropriate medical services and/or medical service providers. I also understand that RobotIQK is not currently equipped with learning paraprofessionals to provide one-to-one student adherence. I have read and understood the information contained in this form, willingly given this consent.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please send completed and signed application to:*

[RobotiqK@york.cuny.edu](mailto:RobotiqK@york.cuny.edu)

*York College, CUNY, Rm AC-2C07, 94-20 Guy R. Brewer Blvd., Jamaica, NY 11451*

*For more information call: (718) 262-5358*