

STATEN ISLAND ACADEMY  
Talented and Gifted Camp-2019  
Application/Registration Form

Student's Name: First		Middle	Last	
Student's Home: Street Address		City	State	Zip
Home Phone ( ) -	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Date of Birth	Age/Grade at the time of the program	
Student lives with (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other		Emergency Contact Person	Emergency Number ( ) -	
Parent #1 Name: First (Mrs. Ms. Mr. Dr.)		Last	Occupation	
E-Mail		Cell Phone ( ) -	Work Phone ( ) -	
Parent #2 Name: First (Mrs. Ms. Mr. Dr.)		Last	Occupation	
E-Mail		Cell Phone ( ) -	Work Phone ( ) -	
Student's Current School		<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Independent		
School Address		City	State	Zip
School Principal: (Mrs. Ms. Mr. Dr.)		GT Teacher: (Mrs. Ms. Mr. Dr.)	Current Teacher: (Mrs. Ms. Mr. Dr.)	

Course Preferences: Please list your choices. You must fill in all boxes.

	Course One	Course 2	Course 3
First Choice Of Schedule			
Second Choice of Schedule			

If this is your first year with the TAGcamp, you are required to include documentation of program eligibility. Please check the item(s) below which are enclosed to verify your eligibility.

- Academic Talent Search participation     
  Standardized Test Scores     
  STAR Test  
 PSAT/SAT or ACT scores     
  Letter confirming participation in local Gifted Program  
 Send me Letter of Recommendation Forms     
  Other (specify): \_\_\_\_\_

If you have attended the TAGcamp previously, please list the year(s) attended:

Please indicate how you first learned about TAG:

- Teacher/Counselor   
  TAG Student   
  Web/Newsletter   
  Advertisement   
  News Article   
  Mailing   
  Other

If a TAG family referred you to our program, please provide their name: \_\_\_\_\_

**For the Student:**

I understand that, as a participant in Talented and Gifted Camp (TAG), I have the responsibility to work to the best of my ability in all of my classes; to conduct myself appropriately and follow all rules, regulations and policies of the TAG program; to support the efforts of the TAG faculty and staff, and participants, to preserve the cleanliness and beauty of the campus, to respect the property of others, and to respect the rights and privileges of all TAG students, faculty, staff, and others in the campus community. I understand that failure to comply with the above statement may lead to program dismissal.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**The following are for the Parent or Guardian**

Please check the "yes" box where permission is given or the "no" box where permission is not given. I hereby grant permission for my child, while attending the Talented and Gifted Camp to:

- Yes  No Leave campus for approved field trips (when a trip is authorized for a particular course).
- Yes  No Change courses on his/her daily schedule without confirming the change with parent or guardian.
- Yes  No Provide quotes; participate in TAG pictures, and in photographic images that may be used in TAG literature, press releases and/or the SIA/ TAG website.
- Yes  No Receive selected materials about other educational opportunities from organizations sanctioned by TAG.

**Authorization for Medical Treatment:**

This is to authorize the physicians and nursing staff of the Talented and Gifted camp and/or Emergency Room physicians (and any consultants that they deem necessary) of nearby (or the most appropriate) hospital to render necessary medical care and medications to my child, (name of child) \_\_\_\_\_. In the event of an emergency, and if I cannot be reached, I consent to allow physicians of the infirmary of the TAG site, physicians on the active staff of the nearby (or most appropriate) hospital, or other physicians or hospital (as the case may be) to perform any emergency treatment, including surgery, requiring the use of local or general anesthetic. This authorization shall be in effect as long as my child is a student at the Talented and Gifted Camp. Furthermore, I, the undersigned, will assume responsibility for all medical costs, incurred by my child, not covered by my medical insurance.

**Release of Claims Against the Program:**

I unconditionally release the TAG program from any claims for damage, injury, loss or expense of any sort incurred directly or indirectly in conjunction with the participation of my child in the program unless the loss is caused by the gross negligence of TAG.

It is the responsibility of each applicant to adhere to the payment schedule in order to maintain his/her enrollment status in the TAG program.

I have read the TAG program announcement and application pages including the paragraph signed by my child (above). I have read and understand the refund policy as stated within the TAG brochure. I understand that it is my responsibility to meet all financial obligations of the TAG program. I understand that I am responsible for the cost of repairing or replacing any property that my child damages while on campus. I understand that if my child fails to follow TAG program rules and regulations, he/she may be dismissed from the program without refund and may be subject to disqualification from attendance at future sessions of Talented and Gifted Camp.

I/we certify the above information is complete and correct. I/we understand that any misrepresentation may result in the expulsion of the applicant from the program. I/we acknowledge that terms and conditions in this brochure constitute part of my agreement with TAG, including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the options selected above. I have read the brochure and agree to TAG policies and procedures. This agreement will be effective when my application is accepted by TAG and shall be governed by the laws of the State of New York, without regard to New York conflict of laws rules.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Admission to the Talented and Gifted camp programs is on a rolling, first-come first-served basis for qualified students. Applications are accepted and processed upon receipt. Admission to the 2019 Talented and Gifted program shall be granted or denied at the sole discretion of SIA/TAG. Applications will be accepted only if space is available. The \$950 deposit must accompany your completed, signed application. You will be billed for the balance.

Payment Options:  Check (Please make payable to Staten Island Academy)  Money order enclosed for \$ \_\_\_\_\_  
 Please charge my credit card for \$ \_\_\_\_\_  Visa  MasterCard

Card number: \_\_\_\_\_ Expiration date (Month/Year) \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature of cardholder \_\_\_\_\_

Cardholder's name (please print): \_\_\_\_\_ Daytime phone: ( ) \_\_\_\_\_

Mail application and payment to: Staten Island Academy-Talented and Gifted Camp, 715 Todt Hill Road, Staten Island, NY 10304.

Approximately two weeks are required to review application materials to determine student eligibility. An acceptance letter will be sent to the student upon completion of this review. Within two weeks from the date of the acceptance letter, the second payment must be returned to the Talented and Gifted Program.

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