

registration form summer **Science Institute** **June 3-8, 2012**

Mail to:
Bethel College
Attn: Marilyn Flaming, Summer Science Institute
300 East 27th Street
North Newton, KS 67117-1716

Classification (year completed in spring 2012)
 freshman sophomore junior senior

Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

E-mail address _____

Gender: Male Female

Birthdate _____

Birthplace _____

Citizenship _____

Place of Employment _____

Telephone _____

T-shirt size: S M L XL XXL

Hometown newspaper _____

School you attend _____

Year of high school graduation _____

I live with (circle one): mother father both neither

Father's or guardian's name _____

Mother's or guardian's name _____

Have either of your parents attended Bethel? Yes No

List all high schools attended:

Name _____

City _____ Dates attended _____

Name _____

City _____ Dates attended _____

Name _____

City _____ Dates attended _____

List at least two high school science courses taken (for example, one chemistry, one biology):

Course name _____

Department _____ Dates enrolled _____

Course name _____

Department _____ Dates enrolled _____

Course name _____

Department _____ Dates enrolled _____

Using numbers from 1 to 6, please rank the following study areas from most preferred (1) to least preferred (6). Students will study two areas, assigned from the preferences you indicate here (we cannot promise that everyone will receive their most preferred areas).

____ Nutritional chemistry

____ Science, mind and art

____ Biology in the wild!

____ Child psychology

____ Programming with Scratch

____ Molecular genetics

As a participant in the Bethel College Summer Science Institute, June 3-8, 2012, I agree to abide by institute regulations, which include no possession or use of tobacco, alcoholic beverages or unauthorized drugs. I agree to attend all institute activities and not to leave the Bethel campus without the permission of the director. I agree to pay for any damage to Bethel College property for which I am responsible. I grant permission for my photo to be used in promotional materials.

Participant's signature _____

Roommate request (optional) _____

Check one: resident student commuter student

Parental/guardian release: I hereby grant permission for any medical, surgical or first-aid attention that might be required in the event of accident or illness. I grant permission for photos to be used in promotional materials.

Parent's or guardian's signature

Father's work phone _____

Mother's work phone _____

Return this form with the following:

- A \$50 deposit fee refundable through May 16, (payable to Bethel College Summer Science Institute)
- A photocopy of the insurance card under which the student is insured