

Summer 2020   
STEP Virtual Academy

Farmingdale State College

STEP Summer Academies- Online!

**Welcome to STEP Info Session-** If you’re interested in the program, have questions, or just want to hear more, join us for a brief virtual information session on Zoom. Email your name to [cellap@farmingdale.edu](mailto:cellap@farmingdale.edu) to register. All students and parents are welcome to attend. We can’t wait to meet you!

**Thursday, June 18th at 6pm**

Each year, STEP holds campus-based Summer Academies to introduce students to a variety of STEM fields. In order to keep students safe, unfortunately, STEP is unable to hold Summer Academies in-person, on campus this year. However, science waits for no one! We have developed a summer program with synchronous online class components held on Zoom each day for a week. In order to participate, students will require a device (PC, tablet, or phone) that has a camera and audio capabilities and will be required to have video turned on for the duration of the class and audio turned on at the request of the instructor.

**Research Exploration Week**- Get your skills in conducting, reporting and presenting your research in tip-top shape! Joining forces with the iNaturalist organization, you will conduct research right in your own backyard and local community. Using your findings and the findings of others on the site, you will learn how to develop and conduct your research project. **Week of July 20- 24. 10am-12pm. Recommended for grades 9-12**

**Health Careers: Public Health Academy**- Medicine is not only about treating people who are sick, but how to prevent disease and keep people healthy in the first place. COVID-19 has changed the entire world and with the recent pandemic, the spotlight has turned to these specialists in public health and their importance in our well-being and safety. Using virtual lab experiences and with the guidance of a public health professional, you will find out all about public health and how medicine can treat whole communities and not just individuals!   
**Week of July 27- 31. 10am-12pm. Recommended for grades 9-12**

**Science Academy Week**- There are so many different fields of science that are fun that we couldn’t pick just one for this week! Before the week begins, you will receive your supply pack with everything that you will need (and a couple extra goodies) to dive into this week of hands-on experiments and activities. You’ll get to explore biology, chemistry, geology, physics, and ecology. **Week of August 3-7. 10am-12pm. Recommended for grades 7 & 8.**

**Senior Boot Camp Academy**- This is it! The big one! *Senior year!* This one-week boot camp will prepare you to get ahead of the college research, selection, application process, and getting ready for the big leap to college life. From narrowing down your college list, to tackling the dreaded personal statement, we will have your applications in good shape before school even starts again. One less thing to worry about in September!   
**Week of August 10-14. 10am-12pm. Recommended for grade 12.**

**\*Important Registration Information!\*  
Summer 2020- Virtual Academy**

* Applications, registrations, and all supporting documents should be submitted via email directly to Tricia Cella-Foley at[cellap@farmingdale.edu](mailto:cellap@farmingdale.edu).
* Once all paperwork has been received, students will be sent the class link and password for Zoom via email, so please be sure to provide a correct email address on the registration.
* In order to participate, students will require a device (PC, tablet, or phone) that has a camera and audio capabilities and will be required to have video turned on for the duration of the class and audio turned on at the request of the instructor.
* Necessary supplies for experiments and activities will be provided in supply packages that will be delivered prior to the beginning of the classes.
* Although the activities chosen for the virtual classes are generally safe for students to perform at home, parent supervision may occasionally be needed, at your discretion.
* Classes will be kept small due to the virtual nature of instruction, so this means that space will be filled on a *first come, first serve basis*.
* We also ask that you please make every effort to attend each session once you register for an Academy week, or notify us if you are unable to attend, as classes may have a waiting list and the space could be given to a student who is able to attend.

***NEW* students must submit a complete STEP application, along with immunization records and the summer registration form.   
*RETURNING* STEP students *only* need to complete the summer registration form.   
*ALL* students need to provide a copy of their most recent report card.**

**Summer Registration Check List**

**\_\_\_\_\_\_** STEP Application with immunizations (New students only)

**\_\_\_\_\_\_** Summer Registration Form

**\_\_\_\_\_\_** Copy of student’s most recent report card

**Please contact Tricia with any questions via email at**[**cellap@farmingdale.edu**](mailto:cellap@farmingdale.edu) **or at (516) 366-0687.**

**Thank you and we look forward to seeing you “virtually” this summer!**

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**STEP Virtual Summer Program Registration 2020**

**Name of Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** : Male Female

**Has this student previously been enrolled in Farmingdale STEP?** Yes No

**Parent /Guardian’s Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Town:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip code**:\_\_\_\_\_\_\_\_\_\_\_

**Home Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Cell # 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent Cell # 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Cell, if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate for which class are you registering:**

**\_\_\_\_\_ Research Exploration Week- July 20-24  
\_\_\_\_\_ Health Careers: Public Health Academy- July 27-31   
\_\_\_\_\_ Science Academy Week- August 3-7  
\_\_\_\_\_ Senior Boot Camp Academy- August 10-14**

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STEP Summer Permission Slip Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby give my son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend the Farmingdale State College Science and Technology Virtual Summer Academies via Zoom. I understand that students must be accepted into the STEP Program based on NYSED and Farmingdale State College criteria.**

**Participants shall remain liable and hold Farmingdale State College harmless for any liability arising from their participation in the Science and Technology Entry Program Summer Academies 2020. Although an instructor will be virtually present, some at-home experiments or activities may require in-person adult supervision, at the discretion of the parent/ guardian. This additional supervision, if determined necessary by the parent/ guardian, will be their responsibility to provide.**

**I have read and accept the above liability release and permission statement. I understand the following is expected of the student. 1) To follow instructions given by the virtual instructor. 2) Observe safety regulations, as explained prior to the beginning of all experiments and activities. 3) Utilize supplied materials in the manner for which they are intended.**

**Students accepted into the STEP summer program must complete the attached emergency contact and medical emergency information form. ­­­­­­­­­­­­­­­In the event of a medical emergency while my child is participating in the STEP Summer Academies, I authorize STEP, NYSED and/or college officials to release the following information to the healthcare provider. I understand chaperones will use any and all contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required while my child is participating in the STEP Sumer Academies, and I cannot be reached, I give permission for Academy supervisor(s) arranging for and consenting to emergency procedures or treatment by qualified professionals.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

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STEP Summer Permission Slip Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:  
Contact 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Evening Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Evening Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Medical Information:  
(Please complete as applicable)  
Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of last tetanus booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dietary restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Medication taken routinely: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special health needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian Signature Date**

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