

Application Form for the 2007 Mathematics Counts Summer Program at MU

Name of Student: _____

Address: _____

City: _____ Zip Code: _____

e-mail: _____ Phone: _____

Grade enrolled in during academic year 2006-2007: 5th 6th 7th

Session preferred: 9AM-noon

1PM-4PM

Name of closest-in-age sibling: _____

Name of the teacher: _____ School: _____

I recommend _____ for the Mathematics Counts

(name of the student)

Summer Program at the University of Missouri.

Signature of Teacher

Send the completed application form to:

202 Mathematical Sciences Building

Department of Mathematics

University of Missouri

Columbia, MO 65211-4100

Attn: Mathematics Counts

2007 Mathematics Counts Summer Program at MU

Medical Information/Authorization Form

Student: Last Name _____ First _____

Address (Street, City, State, Zip) : _____

Parent/Guardian Name _____ e-mail _____

Home _____ Work _____ Cell _____

Alternate/Contact Name _____ e-mail _____

Home _____ Work _____ Cell _____

Primary Physician's Name _____ Physician's Phone _____

Medical Conditions: _____

Known Allergies: _____

Medications Used: _____

I, _____, authorize University of Missouri personnel to administer to my child, _____, first aid in the event of accident/injury or illness and give permission for additional medical attention to be sought by UMC should need arise.

Authorization for Pickup

1. Authorized person must inform the Department of Mathematics Office (882-6221) of an early pick-up.
2. Authorized person must pick up child from the classroom.
3. Authorized person must show UMC personnel a picture ID for proper identification.

I authorize UMC to allow the following persons to come for my child in case of an emergency or early pick-up:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inappropriate behavior or discipline problems will result in dismissal from this program.

I approve of my child's enrollment in the Mathematics Counts summer program. If my child is accepted into this program, I will take responsibility for seeing that he/she complies with appropriate behavior guidelines. I will insure my child has the proper supplies needed for class.

I also will take responsibility for seeing that my child arrives on campus no earlier than 15 minutes prior to the start of his/her first class and that he/she is picked up promptly at the end of the last class at the designated area.

I understand photographs of my child may be taken during participation in program activities and that they may be used in future College publications.

Signature of parent/guardian, indicating approval of child's enrollment and administering medical attention.

Signature _____ Date _____