

# JESUIT

## "FUN WITH SCIENCE" CAMP

### ABOUT SCIENCE CAMP

If you have any further questions, please contact Jesuit Fun with Science Camp Director Nick Nolfé at (504) 483-3930 or [nolfé@jesuitnola.org](mailto:nolfé@jesuitnola.org).

**Monday – Thursday, July 13 – 16, 2015**

**9 a.m. – 3 p.m.**

Open to all students in grades 4-7

#### **Camp Description**

This science summer camp for boys and girls entering grades 5-8 covers a large spectrum of life and physical science. Topics covered will be microbiology, astronomy, meteorology, and physics. Lab activities will accompany each section. Students must be picked up by 12:15 p.m. The camp maximum is 25 students; registration will be closed once maximum is reached.

**Program Fees:** \$150 per camper

#### **Instructor: Mr. Joseph (Nick) Nolfé**

Science instructor Mr. Nick Nolfé is entering his 23rd year of science education at the secondary and university levels. He has an extensive science background that includes environmental research while at Louisiana State University that focused on groundwater contamination. He received his bachelor's degree in geology from Cetenary College and received a Master of Science in agronomy from Louisiana State University. Mr. Nolfé's hobbies include astronomy, meteorology, optics, and music.

#### **Registration Information**

Please complete the attached registration form (two pages) and return with your payment.

Make all checks payable to: Jesuit High School

Mail registration forms to: Mr. Joseph Nolfé  
Jesuit High School Science Summer Camp  
4133 Banks Street  
New Orleans, LA 70119

*Please keep this page for your records.  
Do not return with your registration form.*

# JESUIT

## STUDY SKILLS CAMP

### 2015 REGISTRATION FORM

Please complete **ONE** form for each individual camper. If you are registering more than one child, you may combine all registration fees and pay with one check, but you must complete a form for **EACH** individual camper. All fees must be **PAID IN FULL** to complete registration.

#### General Information *(please type or print)*

We require **all** information to complete your registration.

Camper's Name \_\_\_\_\_  
*First Last Nickname Date of Birth / Age*

Home Address \_\_\_\_\_  
*City State Zip*

Parent/Guardian 1 \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

School attending (2015-16) \_\_\_\_\_ Grade (2015-16) \_\_\_\_\_

#### How did you hear about Jesuit Study Skills Camp?

Other campers     Jesuit's web site     Email from Jesuit

Relative or friend attends/attended Jesuit

Advertisement in: \_\_\_\_\_  
*Newspaper or magazine name*

#### Siblings *(Complete one registration form per camper.)*

I am registering one camper only.

I am registering two campers.

I am registering three or more campers.

(More info on reverse.)

## Emergency / Medical Information

Please list your camper's medications or any medical issues. If he has medication, please inform us here and in person when arriving on the first day of camp.

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## Medical Insurance Coverage

Name of provider \_\_\_\_\_

Provider's Address \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## Parental Consent

I hereby give permission for my child, \_\_\_\_\_, to participate in the Jesuit Study Skills Camp. If injured during camp activities. Should the family physician and we not be available, the camp instructor(s) are authorized to send our son to a physician or hospital of their choice.

Parent Signature \_\_\_\_\_

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

## Photo Release

I grant permission for Jesuit High School of New Orleans (Jesuit) to photograph or film my child's name, image, likeness, spoken words, student work, and performance with or without associating names thereto and in any form (hereinafter collectively referred to as "Works"), and to use, publish, display, distribute, produce, duplicate, sell, and copyright these Works in connection with any promotional material that may be created by Jesuit High School. I waive any claim for compensation of any kind for the School's use or publication of the Works of my son.

I hereby release, discharge, and agree to hold harmless Jesuit and those acting under its authority from any liability to the extent provided by the law, for use or publication of the Works described above.

By signing below, I agree to the terms stated above.

Parent Signature \_\_\_\_\_

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