

**STCC Makes Summer 2022**

Sponsoring a culture of "Yes, I Can!"

**STCC Builds Prog.Director:**  
 Stephanie Brown, M.Arch., Ed.D.(c)  
 Email: [sdbrown@stcc.edu](mailto:sdbrown@stcc.edu)  
 Phone: 413.755.5415

**STEM Center Main Office:**  
 Marta Burgos-Vega  
 Phone: 413.755.5424

**Application for STCC Makes Summer....**

**Due by July 1, 2022**

**General Information:** STCC Makes is a 1-week Laser and Art summer program for youth, between the ages of 9-17yrs. The program is funded by the School of STEM at STCC and a federal HSI/STEM Grant. The focus of this program is to engage youth in a program which links Laser Art and Airbrushing Art and involves students in hands-on creative activities designed to facilitate their intellectual and creative growth. Emphasis is placed on each students' personal journey but collaboration and teamwork have a large presence at STCC Makes; because building is a team effort! STCC Makes fully embraces equity, respect and hard work while fostering an atmosphere of fairness, inclusion and respect.

**Applicant General Information:**

Applicant's name: \_\_\_\_\_ Nickname Applicant prefers: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Parent/Guardian's phone 1: \_\_\_\_\_ Parent/Guardian's phone 2: \_\_\_\_\_

Applicant Currently Attending School at: \_\_\_\_\_

Is the applicant a U.S. citizen? \_\_\_\_\_

Full legal name of applicant's parent or guardian(s): \_\_\_\_\_

**Emergency Contact information:**

Name of primary emergency contact: \_\_\_\_\_ relation to applicant? \_\_\_\_\_

Name of secondary emergency contact: \_\_\_\_\_ relation to applicant? \_\_\_\_\_

Does the applicant have allergies? \_\_\_\_\_ If so, please list here \_\_\_\_\_

**Applicant's Dietary and Medication Information:**

Does the applicant have any dietary restrictions? If so, please explain \_\_\_\_\_

Is the applicant currently on any medications that must be administered during program hours? \_\_\_\_\_

If the applicant attends STCC Builds, will he/she be bringing any medications? If so, please list here...

Please Note: This is a studio art course, and, as such, there will be sharp tools in the classroom. We will make every effort to ensure your son/daughter stays safe at all times, however, we cannot guarantee against minor cuts or scrapes.

Does the applicant have any blood clotting disorders? If so, explain \_\_\_\_\_

STCC Builds meets every day from 9am through 3pm. Snacks and Drinks will be provided to all campers at periodic intervals and we will pay close attention to make sure all campers are safely hydrated during the program. Lunch is not provided by the program so each participant needs to bring his/her own lunch daily. By signing below, you acknowledge that you understand lunches will not be provided to the applicant.

I understand I will need to supply my son/daughter with daily lunches.

Signature of Parent or guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_



By signing below, you acknowledge that you have read and understand all of the above information.

Signature of Parent or guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

Are there any special concerns / information that you (as a parent or guardian of the applicant) would like to share with us? If so, please feel free to write them below or contact us directly.

\_\_\_\_\_

\_\_\_\_\_