

OKLAHOMA STATE UNIVERSITY COLLEGE OF EDUCATION
MATH ENRICHMENT CAMP
DEVELOPING ALGEBRAIC THINKING

325R Willard Hall Stillwater, OK 74078 • 405-744-6254 • Fax 405-744-7713

OSU College of Education Math Enrichment Camp

Date: July 20-24, 2009

Time: 9:00 a.m.—12 p.m.

Where: 107 Willard Hall

Who: Students who have completed grades
4-7 as of 5/31/09

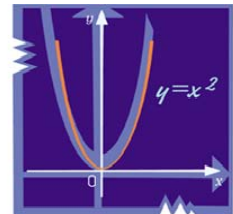
Cost: \$60



Enrollment is limited to 24 campers in each camp.
Enrollment is first-come, first-served.

Campers will improve their ability to think algebraically through searching for patterns and relationships, making predictions and conjectures, mathematical modeling, and exploring the multiple representations of functions.

Campers will participate in a variety of learning opportunities!
Opportunities include hands-on activities, mathematical games, and use of technology such as graphing calculators.



Sponsored by OSU College of Education



For more information contact:
Candace Thrasher, Education Outreach @
405-744-6254

or

Dr. Juliana Utley, Professor of Mathematics Education @
405-744-8111.

Download your enrollment packet at www.okstate.edu/education/summercamp

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PARENT & CAMPER HANDBOOK

1. All campers must have an enrollment agreement, transportation form, and medical form on file before being admitted to the program.
2. Camp fees are non-refundable. There will be no credit issued for partial attendance. There will be no credit issued for campers who register, but do not attend camp.
3. After registration, any cancellations must be made in writing. Cancellations can be emailed to education.outreach@okstate.edu, faxed to 405-744-7713, or submitted to room 325R Willard.
4. If a camper is picked up later than 12:20 p.m., parent/guardian will be charged \$5 for each 15 minutes.
5. Campers are not to bring toys, video games, cell phones, etc. unless specifically requested by the camp staff. If cell phones pose a distraction to campers, camp staff will hold the item until the end of the day.
6. Do NOT send your child to camp when ill. It is not fair to the other children or to your child.
7. Children dismissed for discipline reasons will not be issued a refund. We want camp to be an enjoyable experience for all campers. Chronic, violent, or inappropriate behavior will not be tolerated. Camp staff will communicate with parents/guardians as early as possible regarding behavior problems.
8. All medication will be kept in the Outreach office. Please check-in medication to room 325R Willard with appropriate documentation.

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Camper's Name (First, MI, Last) _____

Home Address (Number & Street) _____

City _____ State _____ Zip _____

Birth date _____ Grade completed as of 5/31/09 _____ Male/Female

Name of Mother/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Email _____

Name of Father/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Email _____

Emergency Contact (Other than parent/guardian(s) listed above):

Name _____ Phone () _____

Developing Algebraic Thinking will be held July 20-24, 2009

Camp will be held from 9:00 am-12:00 pm

Enrollment is limited to campers who have completed grades 4-7 as of 5/31/09

Cost of camp is \$60.00

Payment Information

Bill to Bursar: Campus Wide ID _____ Signature _____

Payment by: Cash Check Visa MasterCard Print Cardholder's Name _____

Exp. _____ Card# _____ Cardholder's Signature _____

I give my permission for my child to attend the Math Enrichment Camp and to participate in all phases of activities. I have read the program description and camp brochure and agree to cooperate with all regulations. I give permission for my child to receive emergency medical treatment. Education Outreach and the Randall and Carol White Reading & Mathematics Center may use my child's photograph for publicity purposes.

Parent/Guardian Signature _____ Date _____

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MEDICAL FORM

Camper's Name (First, MI, Last) _____

Home Address (Number & Street) _____

City _____ State _____ Zip _____

Name of Mother/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Employer _____

Name of Father/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Employer _____

Emergency Contact (Other than parent/guardian(s) listed above):

Name _____ Phone () _____

Physician or Clinic _____ Phone () _____

Address _____ City _____

Insurance Company and Policy Number _____

Male / Female Height _____ Weight _____ Birth date _____

Do you have any known allergies? Yes / No If yes, please list and describe reactaion(s)

Are you currently taking any medications? Yes / No If yes, please list name of medication and its use

When was your last Tetanus shot? _____

Do you have any physical, emotional, or learning limitations that we should be aware of?

I certify that the above information is complete and accurate. In the event of an emergency, I give permission for the treatment of my child _____ at Stillwater Medical Center or the nearest medical facility in the event that I or my own source of medical treatment cannot be reached.

Parent/Guardian Signature _____ Date _____

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TRANSPORTATION FORM

Camper's Name _____

The following people have my permission to pick up my child from the College of Education Math Enrichment Camp:

1. _____

Relationship _____

2. _____

Relationship _____

3. _____

Relationship _____

4. _____

Relationship _____

Parent/Guardian Signature _____ **Date** _____

I give permission for my child (listed above) to be transported by College of Education Math Enrichment Camp staff to the nearest medical facility in the event of an emergency.

Parent/Guardian Signature _____ **Date** _____

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PHOTO RELEASE

Oklahoma State University
Release of Privacy Interests and Authorization for Use

In consideration of value received, receipt of which is hereby acknowledged, I, the undersigned, give to Oklahoma State University the absolute right and permission to photograph, tape, record, and/or film my child and to copyright and/or reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name/my child's name in connection therewith.

I further waive any right that I may have to inspect and/or approve the finished product of the promotional copy or other matter that may be used in connection therewith or the use to which it may be applied.

Signature, if over 18, otherwise signature of parent or guardian for minor child

Name of child, if applicable

Address, City, State, Zip code

Date