

REGISTRATION FORM
PLEASE SUBMIT ONE FORM FOR EACH CAMPER



STUDENT'S NAME: _____ NICKNAME (IF ANY): _____

MALE/FEMALE: _____ DATE OF BIRTH: _____ AGE: _____

RESIDES WITH: BOTH PARENTS FATHER MOTHER OTHER (LEGAL GUARDIAN)

PASSPORT NUMBER: _____ (PLEASE INCLUDE COPY OF PASSPORT INFORMATION PAGE)

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF BIRTH: _____

CURRENT SCHOOL: _____ SCHOOL GRADE FOR SEPTEMBER 2018: _____

CURRENT SCHOOL ADDRESS: _____

PARENT/GUARDIAN 1 - RELATIONSHIP TO STUDENT: _____

MR./MRS./MS/DR. FIRST NAME: _____ LAST NAME: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____
PLEASE INCLUDE COUNTRY PREFIX PLEASE INCLUDE COUNTRY PREFIX

COUNTRY: _____ POSTAL CODE: _____ EMAIL: _____

PARENT/GUARDIAN 2 - RELATIONSHIP TO STUDENT: _____

MR./MRS./MS/DR. FIRST NAME: _____ LAST NAME: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____
PLEASE INCLUDE COUNTRY PREFIX PLEASE INCLUDE COUNTRY PREFIX

COUNTRY: _____ POSTAL CODE: _____ EMAIL: _____

EMERGENCY CONTACT - RELATIONSHIP TO STUDENT: _____

FIRST NAME: _____ LAST NAME: _____ EMAIL: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

HOW DID YOU LEARN ABOUT WMA SUMMER PROGRAMS? _____

PROGRAM FEE INCLUDES FULL SIX-WEEK PROGRAM AND MEDICAL INSURANCE \$9,264. REMIT PAYMENTS TO WMA, 423 MAIN STREET, WILBRAHAM, MA 01095. ADDRESS INQUIRIES TO GAYLE HSIAO AT GHSIAO@WMA.US OR 413-364-3808

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DURING THE ORIENTATION WEEK OF OUR PROGRAM, THE STUDENTS AND COUNSELORS WILL PARTICIPATE IN AN ACTIVITY CALLED, “MY STORY”. IT IS AN OPPORTUNITY FOR THE PARTICIPANTS TO GET TO KNOW EACH OTHER AND SHARE THEIR PERSONAL STORIES. IN PREPARATION FOR THAT ACTIVITY, PLEASE HAVE EACH STUDENT PREPARE A 100 – 250 WORD PARAGRAPH ANSWERING SOME OR ALL OF THE FOLLOWING QUESTIONS ABOUT THEIR NAMES: (PLEASE DO NOT HELP THE STUDENT WRITE HIS/HER PARAGRAH AS THIS WILL PROVIDE US WITH A WRITING SAMPLE SO WE GET A SENSE OF THE STUDENT’S ENGLISH PROFICIENCY.)

- ❖ WHAT IS THE MEANING OF YOUR NAME?
- ❖ WHAT DO YOU LIKE MOST AND/OR LEAST ABOUT YOUR NAME?
- ❖ IS YOUR NAME GENDER OR CULTURE SPECIFIC? IF SO, HOW?
- ❖ HOW MANY PEOPLE IN YOUR FAMILY OR IN YOUR LIFE HAVE THE SAME NAME?
- ❖ WERE YOU NAMED AFTER SOMEONE SPECIFIC? IF SO, DOES THIS AFFECT HOW YOU ARE TREATED OR HOW YOU ARE EXPECTED TO ACT?
- ❖ WHY ARE NAMES IMPORTANT?
- ❖ HOW MIGHT A PERSON’S NAME SHAPE HIS OR HER PERSONALITY?
- ❖ MUST A NAME HAVE MEANING? IF IT DOESN'T, SHOULD IT BE VALUED ANY LESS?

PLEASE USE A SECOND PAGE IF NECESSARY

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NOT ALL PROGRAMS RUN EACH WEEK BUT WE WOULD LIKE TO KNOW YOUR INTERESTS. ADDITIONAL WORKSHOPS MAY BE ADDED BEFORE MAY 1. PLEASE RANK THE FOLLOWING WORKSHOPS FROM 1 – 7 WITH 1 BEING THE TOPIC YOU ARE MOST INTERESTED IN:

_____ **ARTBOTICS** – A HYBRID PROGRAM OF ROBOTICS, ART, AND COMPUTER SCIENCE

_____ **CIT LEADERSHIP & ADVENTURE PROGRAM**

_____ **DARKROOM TO LIGHTROOM** – PHOTOGRAPHY

_____ **FASHION: DESIGN STUDIO** - A FOCUS ON THE GLOBAL UNDERSTANDING OF FASHION AND ITS CULTURAL AND AESTHETIC IMPLICATIONS.

_____ **F.B.I.** FINANCE, BUSINESS, INVESTMENTS

_____ **FINANCIAL LITERACY FOR GIRLS**

_____ **PLEIN AIR PAINTING**