



Registration Form
Bethel College Science Institute
June 6-11, 2010

Return this form with the following:

-A \$50 deposit fee refundable through May 15, 2010, (payable to Bethel College)

-A photocopy of the health insurance card under which the student is insured

Classification (year completed in spring 2010), circle one:

T-shirt size, circle one

Freshman

Sophomore

Junior

Senior

S

M

L

XL

XXL

Name (last)

(first)

(middle)

Address

City

State

Zip

Country

Telephone

E-mail

Gender

Birthdate

Birthplace

Citizenship

Place of employment

Telephone

Hometown newspaper

School you attend

Year of high school graduation

I live with (circle one):

Mother

Father

Both

Neither

Have either of your parents attended Bethel? Yes No

Father's or guardians' name (last)

(first)

(middle)

Mother's or guardian's name (last)

(first)

(middle)

List all high schools attended:

Name

City/State

Dates attended

Name

City/State

Dates attended

Name

City/State

Dates attended

List at least two of the high school science courses (for example, one chemistry, one biology) taken:

Course name

Department

Dates enrolled

Course name

Department

Dates enrolled

Course name

Department

Dates enrolled

Please choose 3 of the following study areas, with 1 being your 1st choice and 3 your 3rd choice. Students will be able to study two areas, assigned according to the preferences you indicate here (we cannot promise that everyone will receive their most preferred areas).

☐ Child Psychology

☐ Sleep and Dreaming

☐ Molecular Genetics

☐ Programing Unplugged

☐ Nutritional Chemistry

Circle one: Resident Student Commuter Student

Mail to:

Summer Science Institute, Attn: Marilyn Flaming, Bethel College
300 East 27th Street, North Newton, KS 67117-0531

As a participant in the Bethel College Summer Science Institute, June 6-11, 2010, I agree to abide by institute regulations, which include no possession or use of tobacco, alcoholic beverages or unauthorized drugs. I agree to attend all institute activities and not to leave the Bethel campus without the permission of the director. I agree to pay for any damage to Bethel College property for which I am responsible. I grant permission for my photo to be used in promotional materials.

Participant's signature

Roommate request (optional)

Parental/guardian release: I hereby grant permission for any medical, surgical, or first aid attention that might be required during the Bethel College Summer Science Institute in the event of accident or illness. I grant permission for my photo to be used in promotional materials.

Parent's or guardian's signature

Father's or guardian's work phone

Mother's or guardian's work phone