

APPLICATION
STUDENT-TECHNICAL ENRICHMENT PROGRAM

www.mwhstep.com

2010-2011

The Student Technical Enrichment Program (STEP) is an educational outreach program designed to peak students' interest in career fields involving mathematics, science, engineering and other technically related fields. Through the use of Saturday tours to different sites, the students are able to see first hand the ways in which various jobs use these backgrounds as a foundation to complete a job function within their community. It is a primary goal of the program to develop and strengthen the future workforce in the field of mathematics, science, technology and engineering. The students will discover that mathematics and science are fun, that it is interesting to learn about these subjects in school, and how it directly affects their everyday lives. *You are eligible to apply to become a STEP student if you will be in the 7th, or 8th grade in September 2010. Please complete this application ASAP, and mail to:*

MWH STEP

***1300 East 9th Street, Suite 1100
Cleveland, Ohio 44114***

FAX: 216-621-4972

Student Name _____ email address _____

Address _____ City & State _____ Zip _____

Telephone () _____ Date of Birth ____/____/____ Age: _____ Sex _____

Parent/Guardian _____ Telephone () _____

Address (if different) _____ Employer _____ Telephone () _____

OTHER ADULT WHO MAY BE CONTACTED IN CASE OF EMERGENCY (UNCLE, GRANDPARENT, ETC.)

(1) Name _____ Relationship _____
Address _____ Phone _____

(2) Name _____ Relationship _____
Address _____ Phone _____

School you will be attending in September, 2010 _____

Grade you will be in Sept. 2010 _____ Have you participated in the S.T.E.P. previously? Yes _____ No _____

Your last Science Teacher's Name _____

Your last Math Teacher's Name _____

Sponsored by:



MWH

**Questions? Call Carol Chavis, Mon.
thru Fri., 9am to 4pm at 216-298-0620**

STUDENT TECHNICAL ENRICHMENT PROGRAM

EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____ Telephone: _____

Address: _____ (City & State) _____ Zip Code _____

Purpose - To enable parents to authorize emergency treatment for children who become ill or injured while under S.T.E.P. authority, when a parent or guardian cannot be reached.

PART 1 - TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other Parent) at _____ (phone number) have been unsuccessful, I hereby give my consent for; (1) the administration of any treatment deemed necessary by Dr. _____ (preferred Physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the pupil to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained **BEFORE** the surgery **IS PERFORMED**. Please provide facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date

Signature of Parent

IF YOU DO NOT AUTHORIZE EMERGENCY TREATMENT, COMPLETE PART 2 - REFUSAL TO CONSENT INFORMATION BELOW:

PART 2 - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the S.T.E.P. authorities to take no action or to:

Date

Signature of Parent

THIS FORM IS REQUIRED BY STATE LAW

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STUDENT TECHNICAL ENRICHMENT PROGRAM

ACTIVITY PERMISSION SLIP

PERMISSION IS REQUESTED FOR:

1. Any trips during the Student-Technical Enrichment Program (STEP) Saturday Sessions Program, during the program year of October 2010 to June 2011, for which the pupil would leave the City of Cleveland Utilities Building under the care of the STEP Coordinator or other authorized STEP Committee or Sub-Committee Members. The dates and locations of trips are as listed on the program schedule given out at the orientation meeting in September 2010. In case of a change in the program schedule, parents/guardians will be notified prior to that activity.

ACTIVITY PERMISSION SLIP

_____ (Student's Name) has my permission to participate in the S.T.E.P. - related activities indicated above.

Date

Parent/Guardian Signature

Emergency Telephone Number

Return Application to:

MWH - STEP

1300 East Ninth Street, Suite 1100

Cleveland, OH 44114

If you have questions or concerns, please call Mr. Earl Williams, MWH Consultant at **216-921-9031**, or Carol Chavis at **216-298-0620**. My fax number is **216-621-4972**.

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