



**Department of Education / Education Resources Division**  
**Student Development / STEM Academy**

301 Seabrook Road / Ada, OK 74820 / (580) 272-5579 / Fax: (580) 272-1223 / Email address: [STEM@Chickasaw.net](mailto:STEM@Chickasaw.net)  
Website: [www.Chickasaw.net/STEM](http://www.Chickasaw.net/STEM)

## STEM Day Camps Application

**Primary contact:** \*individual with whom the child lives.

Name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Birth date: \_\_\_\_\_ Authorized for pick up?  Yes  No

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Work phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Chickasaw Nation employee:  Yes  No Employee ID no.: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Employer name: \_\_\_\_\_

**Secondary contact:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Birth date: \_\_\_\_\_ Authorized for pick up?  Yes  No

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Work phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Chickasaw Nation employee:  Yes  No Employee ID no.: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Employer name: \_\_\_\_\_

**Emergency contact information:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Relationship: \_\_\_\_\_ Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Individuals authorized for pick up:** Please list any individuals who are authorized for pick up other than parent/legal guardian.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child no. 1:** All information must be completed to be considered.

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

School name: \_\_\_\_\_

Grade (attending in fall):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Tribal affiliation:  Chickasaw  Child of Chickasaw Nation employee  Non-First American  
 Other First American (other tribe): \_\_\_\_\_

Does your child have any special needs that may require additional program support or modifications?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any over-the-counter medications that you give permission to be given to your child (e.g., Tylenol, Motrin, Pepto-Bismol): \_\_\_\_\_

Please list any food allergies your child has that employees need to be aware of: \_\_\_\_\_

**Choose the activities for which you wish to register.**  
All events are located at the STEM Academy in Ada, OK.

**CAMP SELECTION**

**Transportation to and from the camp is not provided.**

Entering grades 1 <sup>st</sup> - 3 <sup>rd</sup> <input type="checkbox"/> Jr. Native Explorers (JNE) June 25, 2025	Entering grades 4 <sup>th</sup> - 6 <sup>th</sup> <input type="checkbox"/> CNASA - Junior Academy May 28-30, 2025	Entering grades 4 <sup>th</sup> - 6 <sup>th</sup> <input type="checkbox"/> STEMbots! - LEGO July 16, 2025
Entering grades 6 <sup>th</sup> - 12 <sup>th</sup> <input type="checkbox"/> FemSTEM* July 8-11, 2025 *Event is for females only	Entering grades 7 <sup>th</sup> - 12 <sup>th</sup> <input type="checkbox"/> CNASA - Senior Academy June 3-6, 2025	Entering grades 9 <sup>th</sup> - 12 <sup>th</sup> <input type="checkbox"/> STEMbots! - FTC July 29 - August 1, 2025
Entering grades 7 <sup>th</sup> - 8 <sup>th</sup> <input type="checkbox"/> STEMbots! - VEX July 22-24, 2025		

**Child no. 2:** All information must be completed to be considered.

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

School name: \_\_\_\_\_

Grade (attending in fall):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Tribal affiliation:  Chickasaw  Child of Chickasaw Nation employee  Non-First American  
 Other First American (other tribe): \_\_\_\_\_

Does your child have any special needs that may require additional program support or modifications?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any over-the-counter medications that you give permission to be given to your child (e.g., Tylenol, Motrin, Pepto-Bismol): \_\_\_\_\_

Please list any food allergies your child has that employees need to be aware of: \_\_\_\_\_

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Entering grades 6 <sup>th</sup> - 12 <sup>th</sup> <input type="checkbox"/> FemSTEM* July 8-11, 2025 *Event is for females only	Entering grades 7 <sup>th</sup> - 12 <sup>th</sup> <input type="checkbox"/> CNASA - Senior Academy June 3-6, 2025	Entering grades 9 <sup>th</sup> - 12 <sup>th</sup> <input type="checkbox"/> STEMbots! - FTC July 29 - August 1, 2025
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**Child no. 3:** All information must be completed to be considered.

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

School name: \_\_\_\_\_

Grade (attending in fall):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Tribal affiliation:  Chickasaw  Child of Chickasaw Nation employee  Non-First American  
 Other First American (other tribe): \_\_\_\_\_

Does your child have any special needs that may require additional program support or modifications?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any over-the-counter medications that you give permission to be given to your child (e.g., Tylenol, Motrin, Pepto-Bismol): \_\_\_\_\_

Please list any food allergies your child has that employees need to be aware of: \_\_\_\_\_

**Choose the activities for which you wish to register.**  
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**Child no. 4:** All information must be completed to be considered.

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

School name: \_\_\_\_\_

Grade (attending in fall):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Tribal affiliation:  Chickasaw  Child of Chickasaw Nation employee  Non-First American  
 Other First American (other tribe): \_\_\_\_\_

Does your child have any special needs that may require additional program support or modifications?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any over-the-counter medications that you give permission to be given to your child (e.g., Tylenol, Motrin, Pepto-Bismol): \_\_\_\_\_

Please list any food allergies your child has that employees need to be aware of: \_\_\_\_\_

**Choose the activities for which you wish to register.**  
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**CAMP SELECTION**

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Entering grades 7 <sup>th</sup> - 8 <sup>th</sup> <input type="checkbox"/> STEMbots! - VEX July 22-24, 2025		

**Child no. 5:** All information must be completed to be considered.

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

School name: \_\_\_\_\_

Grade (attending in fall):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Tribal affiliation:  Chickasaw  Child of Chickasaw Nation employee  Non-First American  
 Other First American (other tribe): \_\_\_\_\_

Does your child have any special needs that may require additional program support or modifications?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any over-the-counter medications that you give permission to be given to your child (e.g., Tylenol, Motrin, Pepto-Bismol): \_\_\_\_\_

Please list any food allergies your child has that employees need to be aware of: \_\_\_\_\_

**Choose the activities for which you wish to register.**  
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**CAMP SELECTION**

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Entering grades 7 <sup>th</sup> - 8 <sup>th</sup> <input type="checkbox"/> STEMbots! - VEX July 22-24, 2025		

**Child no. 6:** All information must be completed to be considered.

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

School name: \_\_\_\_\_

Grade (attending in fall):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Tribal affiliation:  Chickasaw  Child of Chickasaw Nation employee  Non-First American  
 Other First American (other tribe): \_\_\_\_\_

Does your child have any special needs that may require additional program support or modifications?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any over-the-counter medications that you give permission to be given to your child (e.g., Tylenol, Motrin, Pepto-Bismol): \_\_\_\_\_

Please list any food allergies your child has that employees need to be aware of: \_\_\_\_\_

**Choose the activities for which you wish to register.**  
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**CAMP SELECTION**

**Transportation to and from the camp is not provided.**

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**Child no. 7:** All information must be completed to be considered.

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

School name: \_\_\_\_\_

Grade (attending in fall):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Tribal affiliation:  Chickasaw  Child of Chickasaw Nation employee  Non-First American  
 Other First American (other tribe): \_\_\_\_\_

Does your child have any special needs that may require additional program support or modifications?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any over-the-counter medications that you give permission to be given to your child (e.g., Tylenol, Motrin, Pepto-Bismol): \_\_\_\_\_

Please list any food allergies your child has that employees need to be aware of: \_\_\_\_\_

**Choose the activities for which you wish to register.**  
All events are located at the STEM Academy in Ada, OK.

**CAMP SELECTION**

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**Parental Consent, Medical and Liability Release**

I/We, the above named parent(s)/legal guardian(s) of the above named child/children, agree to allow my child/children to participate in the selected programs offered by the Chickasaw Nation Department of Education STEM Academy. I/We agree to hold harmless all parties involved in these events including, but not limited to, the Chickasaw Nation and any of its subdivisions, employees or agents and do hereby release them from any and all liability for any accidental injury, illness, expense or loss during these events. Further, I/we agree to allow STEM Academy staff to provide transportation as warranted in order to ensure full participation of my/our child/children in planned activities.

I/We, the above named parent(s)/legal guardian(s) of the above named child/children, consent to any emergency medical treatments and/or transportation that may be needed during these events to provide medical attention. I/We understand that all expenses toward medical care that may be incurred will be the responsibility of the parent(s)/legal guardian(s).

By signing this Parental Consent, Medical and Liability Release, I/we hereby affirm and state that I/we are authorized to sign same on behalf of the child as above listed.

Nothing contained in this Parental Consent, Medical and Liability Release will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees or agents.

\_\_\_\_\_  
Authorized signature \_\_\_\_\_  
Date

**Parental Photography Statement, Consent and Release**

I/We, the above named parent(s)/legal guardian(s) of the above named minor child/children hereby grant the Chickasaw Nation, its employees, agents and others working for it or on its behalf permission to photograph, record, film and videotape my child/children for future promotion of Chickasaw Nation programs and/or any Chickasaw Nation publications. I agree that my or my child's/children's picture or likeness or anything derived therefrom created by the Chickasaw Nation is owned by the Chickasaw Nation, and that all copyright of any nature whatsoever is the property of the Chickasaw Nation. I/We further acknowledge and agree if I/we should receive any print, negative or other copy, I/we will not authorize its use by anyone else. I/We further acknowledge and agree that I/we will have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, distortion or illusionary effect in any composite form. I/We agree that this release does not in any way conflict with any existing commitment on my/our part.

I/We hereby release and discharge the Chickasaw Nation, its employees, agents and representatives from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release will further inure to the benefit of the heirs, legal representatives, licensees and assign of the Chickasaw Nation.

I/We hereby affirm and certify that by signing this Parental Photography Statement, Consent and Release, I/we are duly authorized to execute the same on behalf of the minor child/children as listed above.

Nothing contained in this Parental Photography Statement, Consent and Release will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees or agents.

\_\_\_\_\_  
Authorized signature \_\_\_\_\_  
Date

**Parental Communication Consent and Release**

I/We understand that the Chickasaw Nation STEM Academy utilizes the SchoolMessenger notification system to provide program information and updates to its program participants and their parent(s)/legal guardian(s). I/We authorize the Chickasaw Nation STEM Academy to employ the following protocol regarding communication.

<i>Check all that apply</i>	Student	Parent/legal guardian no. 1	Parent/legal guardian no. 2
1. Input contact information as provided in this application in the SchoolMessenger program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Allow the use of SchoolMessenger toward contact via phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Allow the use of SchoolMessenger toward contact via text message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Allow the use of SchoolMessenger toward contact via email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We hereby affirm and certify that by signing this Parental Communication Consent and Release, I/we are duly authorized to execute the same on behalf of the minor child/children as listed above.

Nothing contained in this Parental Communication Consent and Release will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees or agents.

\_\_\_\_\_  
Authorized signature \_\_\_\_\_  
Date

All information must be complete to be considered.  
Numbers for each camp will be limited.

**TRANSPORTATION TO AND FROM THE CAMP IS NOT PROVIDED.**