2020 SUMMER ENROLLMENT FORM
This form is to be used by current Pre-College Programs students only.

Student Name: __________________________________________________________

Parent/Guardian Name: ________________________________________________

Home Telephone Number: ________________ Alt. Telephone Number: __________

Student Email Address: _________________________________________________

Parent Email Address: _________________________________________________

Please check the program your son/daughter is in:  UB I_____ UB II_____

Please circle the grade your son/daughter will enter next year:  10 11 12 College (Bridge Program consideration only)

The Pre-College Programs’ summer residential session will begin June 21, 2020 and end July 31, 2020. To be considered for the upcoming summer session, current students must submit their most recent academic grade reports along with the following documents by March 11th:

1) Student Form
2) Liability Release Form
3) Emergency Information Form
4) Dietary Restrictions Form
5) Residence Hall/Lost Key/Library Materials Agreement

To complete your registration and to be allowed to participate in the 2020 Summer Residential program, parents must have completed at least 20 volunteer hours and the following medical forms must be signed by a physician and received by April 29th:
1) Medical Clearance Form
2) Medical History Form
3) Immunization Record (Physician’s signature is required for students who have not participated in a previous UB/UBMS summer session. Section A must be completed by all students.)

UB I
- Bladensburg HS
- Central HS
- Parkdale HS
- Northwestern HS

UB II
- High Point
- Northwood
Summer College Tour

This form is to be used by current Pre-College Programs students only.

Although not mandatory, we encourage all summer students to participate in this experience. We ask all parents to take this opportunity into strong consideration. In addition to having completed six week of intensive academic focus, summer students will have the opportunity to tour explore various college campuses, meet with college representatives and explore academic and career possibilities.

Student Name: ____________________________________________________________

Student Email: ___________________________________ Telephone Number: __________________
(no high-school email)

School: __________________________ Grade: ______ Current GPA: __________

Career Interests: ___________________________________________________________

Parent Email: ___________________________ Telephone Number: ______________________

Tentative College Tour Plan

<table>
<thead>
<tr>
<th>Southern College Tour</th>
<th>Northern College Tour</th>
</tr>
</thead>
<tbody>
<tr>
<td>● University of Virginia</td>
<td>● New York University</td>
</tr>
<tr>
<td>● Virginia Commonwealth University</td>
<td>● Columbia</td>
</tr>
<tr>
<td>● North Carolina A&amp;T State University</td>
<td>● Lincoln University</td>
</tr>
<tr>
<td>● Elon University</td>
<td>● LIM College</td>
</tr>
<tr>
<td>● Guilford College</td>
<td>● University of Pennsylvania</td>
</tr>
<tr>
<td>● College of William &amp; Mary</td>
<td>● Temple</td>
</tr>
<tr>
<td>● Hampton University</td>
<td>● Rutgers</td>
</tr>
<tr>
<td>● Old Dominion University</td>
<td>● Princeton</td>
</tr>
<tr>
<td>● Norfolk State University</td>
<td>● Delaware State University</td>
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<tr>
<td>● Clark Atlanta</td>
<td></td>
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<tr>
<td>● Morehouse</td>
<td></td>
</tr>
<tr>
<td>● Spellman</td>
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</tr>
</tbody>
</table>

Cost:
$250 for current Upward Bound Students
$150 for SIBS STUDENTS
$350 for all other applicants

Cost:
$250 for current Upward Bound Students
$150 SIBS STUDENTS
$350 for all other applicants
Summer College Tour Deposit Form

Select tour:
- Southern College Tour
- Northern College Tour

Select payment plans:
- Pay in full: $250
- Pre-payment plans: 5 payments of $50 payable every two(2) weeks from the first transaction

Credit Card Information:
- Visa
- Master Card
- Discover
- American Express

Cardholder Name: ___________________________ Card Number: ___________________________

Expiration Date: ___________________________ CVV: ___________________________

If you do not have any of these forms of payment please contact the office for additional options

Submission Deadline: April 29, 2020
Please note: Tour coordination and destination are currently under development and locations of schools and trip itinerary will be announced during Summer Orientation 2020

___________________________  ___________________________
Student’s Signature        Date

___________________________  ___________________________
Parent/Guardian’s Signature Date
STUDENT FORM

This form is to be used by current Pre-College Programs students only.

Note: Current students will be selected based on a combination of interest, need for academic services, active participation in the program and space.

I, ________________ would like to apply to the 2020 PCP Summer Residential program. I am planning to attend ALL six weeks (June 18th - July 28th, 2020) of this academically rigorous program and intend to fully utilize all resources and opportunities provided to me during my stay on campus.

Please state the reason(s) why you would like to participate in the 2020 Pre-College Programs’ Summer Residential Program:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

PLEASE RETURN THIS FORM TO PRE-COLLEGE PROGRAMS BY APRIL 29, 2020

Student Signature  ____________________________  Date

Parent/Guardian Signature  ____________________________  Date
Dear Parent(s) or Guardian(s),

During the time your child is in the Upward Bound Program or Upward Bound Math and Science Program, he or she will be expected to participate in many activities such as field trips, sports, picnics, laboratory experiments, etc. We will take all of the necessary precautions to ensure the safety of your child at all times. The University of Maryland, College Park, however, requests your endorsement of the statement below. Please sign on the appropriate line beneath your child's signature.

I, the undersigned, in full recognition of the possible dangers and hazards inherent in any student activity normally conducted by the Upward Bound Program and the Upward Bound Math and Science Program, do hereby agree to assume all the risks and responsibilities surrounding my participation. Furthermore, I hereby defend, hold harmless, indemnify, release, and forever discharge the University, and all its officers, agents, and employees from and against any and all claims, demands and actions, or cause of action, on account of which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents, or employees, during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this

__________________ day of _____________________________ , __________________.

Student Signature: ____________________________________________________________

Father/Guardian Signature: ____________________________________________________

Mother/Guardian Signature: ____________________________________________________
EMERGENCY INFORMATION FORM

To Whom It May Concern:

While my child, ___________________________________ is a participant in Pre-College Programs’ activities at the University of Maryland, College Park. Please notify the following individuals should an emergency occur:

Parent/ Guardian: ____________________________ Parent/ Guardian: ____________________________
Address: __________________________________ Address: __________________________________
Daytime Phone: ____________________________ Daytime Phone: ____________________________
Cell: _____________________________________ Cell: _____________________________________
E-mail: __________________________________ E-mail: __________________________________

If none of the aforementioned persons are available, I authorize Pre-College Programs to contact:

Name: ____________________________ Relationship to minor: ____________________________
Address: ____________________________
Daytime Phone: ____________________________ Evening Phone: ____________________________

Please complete this section to allow your child to be taken for treatment in case of emergency, when the people listed above cannot be contacted: “I give permission for my child to be taken by Pre-College Programs personnel or ambulance for treatment. I will be responsible for all related fees.”

Physician’s Name: ____________________________ Address: ____________________________
City/ State: ____________________________ Phone: ____________________________
Health Insurance Company: ____________________________
Policy Number: ____________________________ Name of Policy Holder: ____________________________

Preferred Ambulance Service, if other than EMS: ____________________________ Phone: ____________________________

Use space below to list any known health conditions and/ or allergies, and medications that your child takes.

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Medication</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

If your child has medical equipment or supplies please list them:

____________________________________________________________________________________
____________________________________________________________________________________

Signature: ____________________________ Date: ____________________________
**SUMMER FOOD DIETARY RESTRICTIONS FORM**

Student Name: ___________________________  Date: ___________________________

Parent/Guardian: Please initial any foods that your child is allergic to and/or should avoid because of dietary restrictions.

<table>
<thead>
<tr>
<th>Food Category</th>
<th>Initial</th>
<th>Food</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk/dairy products (ice cream, cheese, etc.)</td>
<td>_______</td>
<td>Chili</td>
<td>_______</td>
</tr>
<tr>
<td>Eggs</td>
<td>_______</td>
<td>Kiwi</td>
<td>_______</td>
</tr>
<tr>
<td>Peanuts</td>
<td>_______</td>
<td>Oats</td>
<td>_______</td>
</tr>
<tr>
<td>Tree nuts (cashews, almonds, walnuts, etc.)</td>
<td>_______</td>
<td>Lentils</td>
<td>_______</td>
</tr>
<tr>
<td>Fish</td>
<td>_______</td>
<td>Sesame Seeds</td>
<td>_______</td>
</tr>
<tr>
<td>Shellfish (shrimp, lobster, crab, crayfish)</td>
<td>_______</td>
<td>Sunflower Seeds</td>
<td>_______</td>
</tr>
<tr>
<td>Soy</td>
<td>_______</td>
<td>Corn</td>
<td>_______</td>
</tr>
<tr>
<td>Wheat/Gluten/Oats</td>
<td>_______</td>
<td>Spinach</td>
<td>_______</td>
</tr>
<tr>
<td>Berries (strawberries, blueberries, etc.)</td>
<td>_______</td>
<td>Oranges/Orange Juice</td>
<td>_______</td>
</tr>
<tr>
<td>Tomatoes</td>
<td>_______</td>
<td>Chicken</td>
<td>_______</td>
</tr>
<tr>
<td>Chocolate</td>
<td>_______</td>
<td>Pork</td>
<td>_______</td>
</tr>
<tr>
<td>Pineapple</td>
<td>_______</td>
<td>Beef</td>
<td>_______</td>
</tr>
<tr>
<td>Yeast</td>
<td>_______</td>
<td>Pistachios</td>
<td>_______</td>
</tr>
<tr>
<td>Beans/Legumes</td>
<td>_______</td>
<td>Pecans</td>
<td>_______</td>
</tr>
<tr>
<td>Garlic</td>
<td>_______</td>
<td>Pine nuts</td>
<td>_______</td>
</tr>
<tr>
<td>Onions</td>
<td>_______</td>
<td>Rice</td>
<td>_______</td>
</tr>
<tr>
<td>Apples</td>
<td>_______</td>
<td>Potatoes</td>
<td>_______</td>
</tr>
<tr>
<td>Grapefruit/juice</td>
<td>_______</td>
<td>Coconut</td>
<td>_______</td>
</tr>
</tbody>
</table>

I have read the list of food categories. If my child has any food allergies or dietary restrictions for a particular food, I have initialed the food item. I understand that it is my child’s responsibility to avoid foods that are restricted from his/her diet.

** Please indicate other allergic foods not listed above (Please print clearly):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date: ___________________________  Parent/Guardian Signature: ___________________________
Date: ___________________________  Parent/Guardian Signature: ___________________________
RESIDENCE HALL DAMAGE/LOST KEY/LIBRARY MATERIALS AGREEMENT

I, ________________________, understand that I will be held financially responsible for any residence hall damage which I have caused. I also understand that I am responsible for my room key and any library materials I borrow. I further understand that I am responsible for payment of any fines/fees incurred due to loss of room key or meal card, and/or non-adherence to procedures regarding borrowed library materials, in which case I must pay library fees.

a) The Residence Hall damage fee is determined by the Department of Resident Life of the University of Maryland, College Park
b) The key replacement fee is $85.00.
c) Library Fees:
   • For regular items, charges start at $.50 cents per day per item, to a maximum of $100.00.
   • On the thirty-first day overdue, the item is declared lost and you will be billed the lost item charge.
   • For recalled items, fines start at $2.00 per day per item, to a maximum of $160.00.
   • If the item is not returned by the 14th day, it will be declared lost and the lost item fee is charged.
   • For lost items, the replacement charge ($170.00) but not any fines ($35.00) can be cancelled if the item is returned within six months of the initial due date.
   • Fines are collected by the UM Bursar's Office, just like tuition or parking fines.
   • The Bursar will use all the same devices for collecting library fines as are used for other bills, including a collection agency.

d) Meal card replacement fee $25.00

__________________________________________ ______________________
Student Signature  Date

As parent/guardian of the above- named student, I support his/her commitment to the Residence Hall Damage/Lost Key/ Library Materials Agreement/ Meal Card, and assure payment of any obligations incurring pertaining to the items indicated.

__________________________________________ ______________________
Parent Signature  Date