

## 2016 DATES

<u>Option 1</u> June 20 – 24 9:00 --3:00 *Includes lunch* 

<u>Option 2</u> June 27 – July 1 9:00 -3:00 Includes lunch

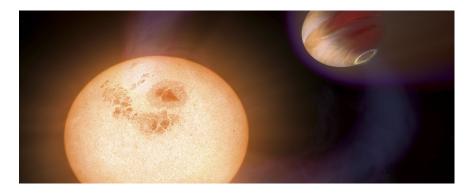
<u>Option 3</u> **August 15 – 19 9:00 -3:00** *Includes lunch* 

LOCATION Patricia & Phillip Frost Museum of Science 3280 S. Miami Ave Miami, FL 33129 Vizcaya Metrorail

<u>CONTACT</u> Isabel Leeder 305-434-9546 vMAX@frostscience.org



www.miamisci.org/vmax



## EXOPLANET SUMMER PROGRAM

Have you ever explored another world? How about thousands of them? NASA missions have confirmed the discovery of over 1,600 known extrasolar systems, some of which could be like Earth. Become a part of these missions through **vMAX: Exoplanet Summer Program**.

Enter a virtual world and launch into 3D visualizations of space. Experiment with techniques used to find planets outside our solar system. Use real NASA data to investigate real exoplanetary systems. Design and launch a virtual probe to explore an exoplanet of your choice.

The Exoplanet Summer Program takes place at the Patricia and Phillip Frost Museum of Science. Students currently enrolled in grades 6–7 may apply; the program is free. Once registered, participants will be expected to attend all five dates in that week and will receive a Certificate of Completion. To register, complete the application in this form and email completed form to **vmax@frostscience.org** or fax it to the attention of vMAX at (305) 646-4300. If you have any questions, please call (305) 434-9546.





With the support of the Miami-Dade County Department of Cultural Affairs and the Cultural Affairs Council, the Miami-Dade County Mayor and Board of County Commissioners.







This material is based upon work supported by NASA Competitive Program for Science Museums and Planetariums under award No. NNX09AL31G. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Aeronautics and Space Administration.



## 2016 DATES

<u>Option 1</u> June 20 – 24 9:00 -3:00 *Includes lunch* 

<u>Option 2</u> June 27 – July 1 9:00 --3:00 *Includes lunch* 

Option 3

August 15 – 19 9:00 --3:00

Includes lunch

LOCATION Patricia & Phillip Frost Museum of Science 3280 S. Miami Ave Miami, FL 33129 Vizcaya Metrorail

<u>CONTACT</u> Isabel Leeder 305-434-9546 vMAX@frostscience.org



www.miamisci.org/vmax

# **REGISTRATION FORM**

Student Contact Informa	tion
Name:	Email:
Address:	
City:	ZIP:
Phone:	Туре:
Select the dates: $\Box$ OPTIC	<b>DN 1:</b> June 20–24
OPTION 3: August 15-	-19
Student Demographic In Date of birth:	
Language spoken at home	e: Gender:
Race/Ethnicity: 🛛 White	Black/African American Asian
□ Native American	Hispanic/Latino Non-Hispanic/Latino
Are you eligible for free or	reduced lunches at your school? $\Box$ Yes $\Box$ No
Parent/Guardian Informa	
Parent/Guardian 1 Name:	
Phone:	
Ellidii. Parent/Guardian 2 Name:	
Phone <sup>.</sup>	Туре:
Email:	
Email: Emergency contact:	Relation to Student:

## **Health Information**

Does your child have any dietary restrictions? □ Yes □ No Does your child have any allergies? □ Yes □ No Does your child take any medication on a regular basis? □ Yes □ No Does your child have any special needs? □ Yes □ No If yes to any of the above, please specify: \_\_\_\_\_\_

## Media Release

I give my consent to the Patricia and Phillip Frost Museum of Science to use my child's name, voice, verbal statements and portrait or picture (motion or still) for publications, advertising purposes, purposes of trade or any lawful purpose whatsoever.

Yes, I give permission.

 $\square$  No, I do not give permission.

#### **Parent/Guardian Participation Agreement**

I hereby give my child permission to participate in the Patricia and Phillip Frost Museum of Science's vMAX program. I acknowledge that during the program my child will participate in online activities and use the Internet for research and other activities related to course content. Please Check One:

□ I give my consent to the Patricia and Phillip Museum of Science for my child to participate.

 $\square$  I do not give my consent for my child to participate.

Parent/Guardian Signature:

Date: \_\_\_\_\_



### 2016 DATES

<u>Option 1</u> June 20 – 24 9:00 -3:00 *Includes lunch* 

<u>Option 2</u> June 27 – July 1 9:00 -3:00 Includes lunch

<u>Option 3</u> August 15 – 19 9:00 -3:00 Includes lunch

LOCATION Patricia & Phillip Frost Museum of Science 3280 S. Miami Ave Miami, FL 33129 Vizcaya Metrorail

<u>CONTACT</u> Isabel Leeder 305-434-9546 vMAX@frostscience.org



www.miamisci.org/vmax

# TEACHER RECOMMENDATION FORM

Dear STEM Teacher,

The applicant below is interested in applying to a summer program funded by NASA at the Patricia and Phillip Frost Museum of Science. In the program, students will investigate the tools and techniques that scientists use to investigate distant stars and determine if they have planets orbiting them. The content of this program requires mathematical and abstract thinking, and problem solving skills. Students applying to this program should be individuals that can make a commitment to start an endeavor and follow through with it until it is completed. Please let us know why you are recommending this student by filling out the information below. Once the form is completed, please return it to the student so that they can complete the application process.

Sincerely,

The vMAX Staff

Applicant's Name:	Grade:	

Teacher's Name: \_\_\_\_\_

School: \_\_\_\_\_\_ Subject Area: \_\_\_\_\_\_

How do you know this applicant?

Why do you think this applicant would be a great candidate for the vMAX Summer Program?

Teacher Signature

Date