

Summer Camp 2019

**Please return Registration Form
on or before
April 18, 2019**



Campbell High School

Spartan STEM Diplomats Summer Camp (Summer 2018-19 School Year)

OFFICE USE ONLY
Bus # _____
Date Entered in Computer ____/____/____
Data Staff Initials _____

PLEASE PRINT	Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M	Ethnicity (check 1) <input type="checkbox"/> American <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Data Not Available <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Other _____	Primary Language (check 1) <input type="checkbox"/> Data not available <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Address _____ _____	Lives With (check 1) <input type="checkbox"/> Both parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Other _____	Transportation Home (check 1) <input type="checkbox"/> City Bus <input type="checkbox"/> Picked up <input type="checkbox"/> School Bus <input type="checkbox"/> Walk Home	Special Needs (allergies, medications, diet, etc.)
Last Name _____				Zip Code _____			
First Name _____				Phone _____			
Name _____	Lunch Status (check 1) <input type="checkbox"/> Data not available <input type="checkbox"/> Free/Reduced <input type="checkbox"/> Pay in Full <input type="checkbox"/> Reduced			E-mail _____			
Middle _____				School _____			
Student ID _____				Grade _____			
Date of Birth ____/____/____							

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name
_____	_____	_____	_____

Parent/Guardian Permission For CLC

*** PLEASE READ CAREFULLY ***

Must be signed by Parent/Guardian for participants 18 and under

I hereby certify that I have read and do understand the above information:

Signed _____ Print Name _____ Date _____