

## Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ T-shirt Size \_\_\_\_ Adult Child (circle one)  
 School Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade in 2018-2019 \_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Student's Phone # \_\_\_\_\_

## Parent/Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
 Secondary Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact Information – Alternate Pickup/Release

### *Emergency Contact (other than parent/guardian)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
 Secondary Phone # \_\_\_\_\_ Email \_\_\_\_\_ Relation to student \_\_\_\_\_

Please list those people in addition to parent/guardian and emergency contact who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

## Medical Information

Does this student have allergies? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is this student currently taking medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetes, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No

I understand that I will be notified in case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release

I hereby give permission for my child to be photographed during the STEM Summer Camp. I understand the photos may be used as demonstration of camp activities and on Lake Tech's website and social media accounts. I understand that although my child's photograph may be used for advertising, his/her identity will not be disclosed, I do not expect compensation, and that all photos are the property of Lake Technical College.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Sessions (Please place a "1" for the date of your first choice and a "2" for your second choice)

Each week of camp is limited to 12 students. We will try to accommodate your first choice, but in the event that the session is full, your student will be placed in your second choice. Sessions will be assigned in the order that they are received. Camp will be held Monday – Thursday of each week, 8:00 AM – 3:30 PM. **IMPORTANT DATES:** Completed applications must be received by April 13, notification of camp acceptance will be made no later than May 4, and the \$100 registration fee is due by May 18. Registration fee includes daily lunch and snacks and a t-shirt. Parents and families are invited to a camp presentation on the Thursday of each camp week at 2:00 PM.

\_\_\_\_\_ June 18 – 21      \_\_\_\_\_ June 25 – 28      \_\_\_\_\_ July 9 – 12      \_\_\_\_\_ July 16 - 19



**2018 Financial Assistance Application**

**Instructions**

All information in this application form is confidential and will be used for this program only.

Does the student's family receive any public assistance (circle all that apply):

TANF

SNAP/WIC/Food Stamps

Free or Reduced School Lunch

Other (please provide below)

Other assistance: \_\_\_\_\_

Include documentation of assistance.

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Method of Contact

Phone

Email (circle one)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name (printed) \_\_\_\_\_

Student's Name (printed) \_\_\_\_\_

**For Office Use Only**

Application Status      Approved      Denied      If approved, amount of assistance provided \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Dates student will attend camp \_\_\_\_\_

Date parent/guardian notified \_\_\_\_\_