

SUMMER SCIENCE CAMP APPLICATION

Student's Name \_\_\_\_\_ Grade just completed \_\_\_\_\_

School last attended \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Student Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Second Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies, health concerns, or issues of which the staff should be aware.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that my child must be dropped off/picked up no earlier/after than 15 minutes before the beginning/after the ending of science camp. Drop off/pick up will be at the front entrance of Fairmount Elementary School. I also understand that no refunds will be given for days missed, and that no nurse will be on duty during science camp. My child should arrive every day with a water bottle/drink and sunscreen.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date