

## **Christian County Public Schools**

## **STEM CAMP June 19-22, 2017**

DEADLINE TO APPLY: MAY 12, 2017

	Student Name:			GRADE (2016-2017 School Year):		
Mailing Address:						
Email Address:						
Home Phone:						
Are you military connected:	Yes	NO	School:			
Did you attend camp last year?	Yes	NO	T-shirt Size:	YS YM YL AS AM AL AXL		
CLASS CHOICE: (Please circle)						
Morning Session: Digital Gaming (3rd-5th)	Mind Cra	ft (6 <sup>th</sup> -8 <sup>th</sup> )				
Afternoon Session: Solar Cars (3 <sup>rd</sup> -5 <sup>th</sup> )	Rockets a	and Drones (				
Please list the person who may pick your child u	up from camp. Yo	our child will	NOT be released	to anyone who is not listed below		
Vhen your child is picked up, A SIGNATURE	WILL BE REQ	<u>UIRED</u>				
My child may be released to:	Relationship		ip	Phone #		
	I					
Emergency Contact: Whom do we contact in	case of an eme	rgency? (F	Please give phone	number and relationship to student.)		
		• • •		. ,		
Imergency Contact: Whom do we contact in Name Pi		• • •		. ,		
	hone		Rela	tionship		
Name P	hone <u> </u>	tions, Ast	Rela	Allergies, Food Allergies, etc.):		
To serve your child in case of an accident or sud	ns: (Medica Emergency Infi Iden illness while a ty Public Schools t	tions, Ast	hma, Seizures,  ad Treatment Releasemp, we need your perver action is deemed	Allergies, Food Allergies, etc.):  se emission to take the necessary actions for your child. necessary for the health of my child. I will not hold the		
To serve your child in case of an accident or sud	ns: (Medica Emergency Infi Iden illness while a ty Public Schools t	tions, Ast	hma, Seizures,  ad Treatment Releasemp, we need your perver action is deemed	Allergies, Food Allergies, etc.):  se ermission to take the necessary actions for your child.		
To serve your child in case of an accident or sudYesNo I authorize officials of Christian Coun school district finar	ms: (Medica  Emergency Infiden illness while a ty Public Schools to incially responsible  Photities and/or have p	tions, Ast formation and Summer Cal to take whater for the emerge tographs and hotographs ta	Relation Relations Relatio	Allergies, Food Allergies, etc.):  se emission to take the necessary actions for your child. necessary for the health of my child. I will not hold the asportation of my child. in the newspaper, on TV, and/or Internet. We need you		
To serve your child in case of an accident or sudYesNo I authorize officials of Christian Coun school district final  My student may be videotaped during learning activi permi Yes, the Christian County Public School	Emergency Info Iden illness while a ty Public Schools to ncially responsible  Phot ities and/or have p ission to use these	tions, Ast  cormation and at Summer Callot take whater for the emerge tographs and hotographs te materials of sision to use picture.	hma, Seizures,  Ind Treatment Release Imp, we need your per Iver action is deemed Igency care and/or trans Videotaping Idease Che Id	Allergies, Food Allergies, etc.):  se  rmission to take the necessary actions for your child. necessary for the health of my child. I will not hold the asportation of my child. in the newspaper, on TV, and/or Internet. We need you		
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