



Campus Community School
S.T.E.A.M Summer Programs



Registration Form

Please Print Clearly



The registration form and the bus form must be completed by Tuesday May 30th.

I would like to enroll my child in the following camp. In enrolling my child I understand that full payment is due the week before the camp begins.

_____ STEAM Olympics Week: June 12th-June 16th (Cost \$50.00)

_____ Cougars Community Service Week: June 19th – June 23rd (Cost \$50.00)

_____ Cougar Pride Week: August 7th – August 11th (Cost \$50.00)

_____ Art Explosion Week: August 14th – August 18th (Cost \$50.00)

Student Info

Student First Name: _____

Student First Name: _____

Student Last Name: _____

Student Last Name: _____

Age: _____

Age: _____

Gender: _____ Race: _____

Gender: _____ Race: _____

Address: _____

Home Phone: _____

Parent Info

Parent/Guardian First Name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian First Name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact

First Name: _____ Last Name: _____

Address: _____

Work Phone: _____ Cell or Home Phone: _____

Student Pick Up (other than emergency contacts listed in application)

Please list people who you authorize to pick up your child from the CCS STEAM Summer Campus Community School

First Name: _____ Last Name _____

First Name: _____ Last Name _____

First Name: _____ Last Name _____

Please indicate how you child will go home from the CCS STEAM Summer Camp.

_____ My child will be picked up by a parent/guardian or authorized individual.

_____ My child will ride the bus. All bus paperwork has been submitted to the STEAM program or CCS main office.

Please list any food allergies: _____

I grant to Campus Community and Communities In Schools, the right to take photographs and/or video of my child(ren) to use for promotional and/or educational purposes

Yes _____ No _____

Parent Signature: _____

Date: _____