

Camp Invention Registration Form

PROGRAM INFORMATION

Program Location: Mark Denman Elementary

When: July 10 - 14, 2017 from 8:15 a.m. – 3:15 p.m.

Program Code: C-IL14-01562-17

If you are interested in your child attending this FREE weeklong program the week of July 10th, please complete this form and return to your child's teacher by April 28th.

REGISTRATION IS FREE!

PARENT/PARTICIPANT INFORMATION

Parent/Guardian Name(s) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell/Alternative Phone _____ Email _____

Child's Name _____

Child's Date of Birth _____ Male Female Fall Grade Level _____

Does your child require an EpiPen®? Yes No Any food or allergies, diabetic needs? _____

Special Needs _____

School Child Attends _____

How did you hear about Camp Invention? _____

Do you have another child applying for this Camp Invention Scholarship? Yes No If yes,

Name(s) _____

Signature _____ Date _____

To which racial or ethnic group(s) do you most identify? African-American Asian/Pacific Islander Caucasian
 Latino or Hispanic Native American Other _____

Please check applicable boxes:

Qualify for free or reduced-price lunch Racial or ethnic minority Receive special education services Disabled
 English is secondary language Parents did not attend college

This information will be only be shared with the sponsor, Army Educational Outreach Program, in a combined report of all participants in the program. Your information will not be shared with other entities, sold, exchanged, or transferred without your consent.

Scholarship Program Terms

Scholarship funds are awarded to children meeting criteria established by the sponsor and not on academic basis. Scholarship funds are limited and distributed on a lottery basis to children who have not already registered for the program.

***Completion of this form does not guarantee placement in the camp.
Students selected to attend the camp will be notified by May 23, 2017.***