



If you are interested in your child attending this FREE weeklong program the week of June 27th, please complete this form and return to your child’s teacher by May 13th.

PROGRAM INFORMATION

Program Location: Edison Elementary School
When June 27 – July 1, 2016 **from** 9:00AM to 3:30PM
Program Code: C-IL14-01562-16

**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 _____

Special Needs: _____

Food/Other Allergies: _____

Does your child require an EpiPen®? Yes No

Medication Needs: _____

School Child Attends _____

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

How did you hear about Camp Invention? _____

Signature _____ Date _____

***Completion of this form does not guarantee placement in the camp.
Spaces are limited and placement will be determined via drawing.***