

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

## PROGRAM INFORMATION

**Program Location:** Danville High School

**When** June 27 – July 1, 2016 **from** 9:00AM to 3:30PM

# 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.***