

SPECIAL SCORPION SUMMER CAMP
JULY 11-15, 2011
PARTICIPANT REGISTRATION

I, _____, would like to enroll my child, _____,
(parent's name) (child's name)

in the Special Scorpion Summer Camp. I understand that camp starts at 8:30 AM and ends at 12:00 PM. I am solely responsible for transporting my child to and from camp. I understand that my child must be picked up on time or the UTB police will be notified. Parents are welcome to participate in camp activities. I choose to stay in camp with my child. *Circle: YES/NO*

Child's name: _____ Age _____ Gender: M/F

Grade level: _____ Special needs _____

Parent's name: _____

Address: _____

Phone number: _____

Emergency number: _____

Emergency person for pick up _____

Medical emergency info (preferred pediatrician/hospital) _____

Price: **\$50** to be paid in cash by **July 1st at UTB-EDBC 2.208**; leave this form and money with department secretary.