

**Application for San Jose State University
2018 SJSU Weather Summer Camp**

Circle or Identify which week you are applying for:

Week 1: June 25 – 29

Week 2: July 9 – 13

Week 3: July 23 - 27

Parent Contact Information

Frist Name: _____ Last Name: _____

Your Email: _____

Phone number: (cell) _____

(work) _____

In the case of an emergency: Who is a second person of conact?

First Name: _____ Last Name: _____

Relationship to Child: _____

Phone Number: _____

Child's Information

First Name: _____ Last Name: _____

Nickname (optional): _____

Grade: _____

Currently enrolled middle school: _____

Your Child's Interests/Hobbies:

- 1.
- 2.
- 3.

How did you hear about SJSU Weather Camp? (circle) from a friend / flyer / online

Parent Release:

If accepted, I consent to have _____ participate in the SJSU weather camp for the one-week period _____ to _____ listed on the website. I understand that this 1-day camp is during normal working hours on the campus of the San Jose State University. I understand that this camp does not provide transportation to and from home, and that I am responsible for dropping off my child.

Your Name (print)_____

Signature:_____ Date: _____

Email completed application to arthur.eiserloh@sjsu.edu