2019 Student Registration Form

Parent/Guardian - Contact Information

First_____Last_____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____

Student Information

Student's Name _____ Date of Birth _____

Grade entering in Fall 2019 _____ Gender ☐ Male ☐ Female T-Shirt Size _____

Address _____

City _____ State _____ Zip Code _____

Allergies _____

Favorite Snack _____

The following information is requested to help our teachers get to know a little bit about your child. The information will be kept confidential and is only shared with the teachers who will be working directly with your child. Please be thorough in order to help us provide your child with the best camp experience possible.
1. Does the camper go by a nickname?

_____

2. Has the camper learned coding before? ☐ Yes ☐ No

If yes, please describe their coding education and for how many years?

_____
_____

3. What is the best way for your child to learn?

_____
_____

4. Is there anything else you could tell us about the camper that would be helpful for their counselors to know? ☐ Yes ☐ No

_____
_____