

Uni High Summer Enrichment Camp 2017

Registration

The Uni High Summer Enrichment Camp is open to all students who are entering grades 5, 6, or 7 in the fall. We support diversity and welcome students from all backgrounds and ethnicities, including those from populations typically underrepresented at the university/college level.

<u>Camper/Student Information</u>	
Last Name	First Name Date of Birth//
Grade level in Fall 2017 (circle one): 5 6 7	Gender: □ Male □ Female □ Other
Ethnicity (check any/all that apply): ☐ African Ame ☐ Hispanic/Latino(a) ☐ Nati	erican/Black Asian Caucasian/White ive American/Pacific Islander Other
Address	City
State Zip Code	Home phone # ()
Current (2016-2017) school	Location
	camp, please tell us how you heard about it (be specific: Uni Parent, Uni website,
Parent/Guardian Contact Information We communicate primarily through e-mail* except in	
Parent/Guardian 1	Parent/Guardian 2
Name_	Name
Relationship to camperMotherFather	Relationship to camperMotherFather
Other	Other
Address (if different from camper's)	Address (if different from camper's)
*Email address	
Cell phone # ()	
Work phone # ()	Work phone # ()
Camp Class Preferences For class descriptions and meeting times, visit the off the control of	

(over)

	Camper's Name
	\$175
	5 (1 – First Choice, 5 – Last Choice); afternoon preferences 1-4
Morning Session (5): Robotics Painting and Printmaking Aerospace Engineering Our Amazing Illinois Parks (all day) Boys' and Girls' Basketball	Afternoon Session (4): Photography Challenge Leadership in Group Work Our Amazing Illinois Parks (all day) How to Write a Paper while Walking your Dog
Scholarships	
Need-based scholarships are available for students who	o are eligible for free or reduced lunch programs. If this applies to you, please is and other questions regarding scholarships may be directed to Dr. Karl
□ Reduced lunch program (reduced fee of \$87.50 per	week) □ Free lunch program (full fee waiver)
to "University of Illinois" is your official receipt. Session by date received in Uni High Main Office or by the postr	h registration form and payment are received. Your canceled check made out on placement is first come, first served. Completed registrations are prioritized nark date on the mailing envelope. Campers may register or cancel registration k 1 or June 9 for Week 2. Cancellation refunds take at least six weeks to ropped off at the following address:
Attn:	rsity Laboratory High School Dr. Karl Radnitzer/ Uni Camp 2 West Springfield Avenue Urbana, IL 61801
Questions? Contact Uni High Student Se	rvices Office (SSO) at 217-333-2873 or <u>unihighsso@illinois.edu</u> .
	dge that you are the parent or guardian of the child whose name is listed on this form; pprove of your child's participation in this camp; you understand what constitutes a tragraphs.
University Laboratory High School staff member will take you medical fees. The University Laboratory High School staff has that your child receives medical treatment while he/she is atterecords regarding treatment be released to the University Lab	nat you understand and agree that in case of a medical emergency, an ambulance or r child to the nearest hospital or trauma center. You will assume the responsibility of all is your permission to act on your behalf in the case of a medical emergency. In the event ending the University Laboratory High School Program, you request that medical poratory High School Office, 1212 West Springfield Avenue, Urbana, IL 61801. You be yemergency situation. Please list your child's medical concerns, allergies, carries Epi
	and and give permission for your child to go on walking field trips to locations in close Summer Program. You give permission for your child who participates in the class "Our
Photo Release: Your signature below authorizes the Univers footage of your child in our publicity materials and on our web	ity Laboratory High School and the University of Illinois to include photos and video site.
Parent/Guardian Signature	
FOR OFFICE USE ONLY:	042017

Confirmation sent to_

___ Date_

Initials___

Notes:

Date Rcvd/Pstd

FFW HFW Check #_

Initials_

Amount_