The Harrisburg School District



Summer Day Camp (June 12th - July 14th 2017)

Monday – Friday 8:00 AM – 3:30 PM Marshall Math/Science Academy Incoming 5th–7th Graders

Meet and learn from local Artists in Residence

 Create artwork and original musical, dance and drama performances!

Doing STEAM

- Use Design Thinking to create and build original STEM projects.
- Collaborate and communicate with artists and peers through hands-on learning experiences.
- Get the creative juices flowing through Science, Technology, Engineering, Arts and Math!

Register online

<u>http://goo.gl/forms/ELh5M4p4j8</u>

or complete and return the Registration Form to Marshall MSA Office

Deadline to Register May 5th

| Student First and Last Name | | Student School ID # |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|
| GenderBoyGirl | | |
| Home Address | | Zip code |
| Home Phone # | | |
| Current School | Middle School Att | ending Next Year |
| Parent/Guardian Full Name | | |
| Relationship to Child | | |
| Parent/Guardian Phone Number(s) | | |
| Home | Work | Cell # |
| Parent/Guardian Email | | |
| Please list any medical/mobility/health concerns of which we should be aware of. | | |
| | | |
| Please list any allergies that your ch | ild may have and their symptoms | 5. |
| | | |
| Please list any medication your child | l takes | |
| | | |
| Does your child need this medication during Camp hours? Yes No | | |
| Emergency Contact Person 1 | | |
| Full Name, Phone # and relationship | to the child | |
| Encourse Contract Device #2 | | |
| Emergency Contact Person #2 | and and RELATIONSLUP to the shild | * Must be different from Derent (Cuardian info In the |
| Include FULL NAME, PHONE # with area code, and RELATIONSHIP to the child. * Must be different from Parent/Guardian info- In the event of an emergency this person will be called if Parent/Guardian CANNOT be reached | | |
| | | |
| Authorized Pick Up * | | |
| List any individuals who you authorize to area code) | pick your child up from the program. | (Full Name, Relationship to child and Phone # with |
| | | |
| | | |
| By filling out this registration form you are acknowledging that: | | |
| 1. Your child meets the age/ grade requirement | | |
| 2. Your child will participate in the full 7 week program | | |
| 3. You or a representative (on your behalf) will attend the Parent Orientation | | |
| 4. You have provided all pertinent information (Emergency contact and Parent/Guardian Contact) | | |
| I ACCEPT this statement | Parent/Guardian Signature | Date |