



EduCamp Enrollment Form

Student's Last Name, First Name: _____

Student's Current Grade: _____

Student's Current Teacher: _____

Parent/Guardian name: _____

Phone number: _____

Alternate Phone Number: _____

Working Email: _____

Emergency Contact: _____

Student's T-shirt size: (Please circle one)

Youth SM Youth Med. Youth Lg. Youth X Lg.

Adult SM Adult Med. Adult Lg. Adult X Lg.

My student has qualified for Title I services this year (circle one) YES NO

My student has qualified for Special Education services this year (circle one) YES NO

I, _____, am enrolling my student(s), _____, into the EduCamp program. I understand that if my student misses more than 3 days in a row, without explanation or cause, I may lose my spot to another student on the wait list. I understand that if payment is not made, in full, by the first day of the program, June 10th, my student(s) will lose their spot in the program.