

## **Summer Career Exploration Camp Application**

2016

My child is currently attending: 5th, 6th, 7th or 8th Grade STUDENT INFORMATION - ALL FIELDS MUST BE COMPLETED. School Attending: Student's Name: Mailing Address: Physical Address: City: Zip Code: State: Date of Birth: Grade: Gender: Primary Language Spoken at Home: ☐ Male ☐ Female Medical Conditions/Allergies: Special Needs or Disabilities: □ No ☐ Yes □ No ☐ Yes If yes, you MUST specify what? Please specify: ☐ No Student Eligible for free lunch or Reduced Lunch: ☐ Yes  $\square$  American Indian/Alaskan Native  $\square$  Asian/Pacific Islander  $\square$  Black/African American Ethnic Group: (Please select ONLY one) ☐ Hispanic/Latino ☐ White/Caucasian DISCLAIMER Funding for the Summer Career Exploration Camp requires that statistical information for participating students is collected and reported. Evaluators keep the information confidential and no information is reported on individual children. Your name, your child's name or identifying information will be kept anonymous and will not appear in any printed report from the study. PRESS RELEASE I give my permission for the Westmoreland-Fayette Workforce Investment Board(West-Fay WIB) and its partnering organizations to use my name and/or photograph(s) for purposes of publication in newspapers, magazines, or other print media, as well as in radio, television and on the internet on their company website, as may be appropriate for publicizing their programs. I release West-Fay WIB of any liability which may involve the publicizing of my name and/or photograph(s). Yes, I give permission to use my child photo and name. ☐ No, I do not give my permission to use my child's photo or name. Parent/Guardian Signature: Date: FOR OFFICE USE ONLY Summer Camp Program Provider: Camp Name: Start and End Date of Camp: