

Structural Design Summer Camp

Campers will channel their inner architects as they learn about design and engineering while building their own structures

Uniontown Library June 6th through 10th

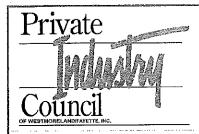
24 Jefferson St, Uniontown, PA 15401

Campers receive a \$25/day stipend as well as a Lego set valued at \$100 upon completion

Acceptance based on application and income eligibility
Applications are available at the Uniontown Library
For more information contact Suzi at 724-836-2600 ext. 218

Private

Council
OF WESTMORELAND PRAYETTE, INC.



Structural Design Camp

A STEAM Summer Camp

Y.A.C.H.T.

Young Adult Careers with Hands-On Training

2016 SUMMER ENRICHMENT PROGRAM

Uniontown Library

Dates: June 6th tl	nru June 10th Monday tl Grades 5-8	nru Friday from 9:00-12:30		
STUDENT INFORMATION - ALL	FIELDS MUST BE COMPLETED.	FOR OFFICE USE ONLY		
School Attending:		Registration Rec'd:		
Student's Name:		Starting Date:		
Mailing Address:				
Physical Address:				
City:	State:	Zip Code:		
Date of Birth:	Age:			
Gender: ☐ Male	☐ Female Primary Languag	e Spoken at Home:		
Medical Conditions/Allergies:	Special Ne	eds or Disabilities:		
☐ Yes ☐ No		☐ Yes ☐ No		
If yes, you MUST specify what?	Please specify	<u>''</u>		
Student Eligible for free lunch	or Reduced Lunch:	Yes 🗆 No		
Ethnic Group:	☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black/African America	Asian/Pacific Islander 🛚 Black/African American		
(Please select ONLY one)	☐ Hispanic/Latino ☐ White/Caucasian			
PARENT/GUARDIAN INFORMATIO	N:			
Parent/Guardian Name:		Relationship:		
Mailing Address:				
City:	State:	Zip Code:		
Home Phone:	Work Phone:			
	Please circle the best way to cont	act above.		
EMERGENCY CONTACT PERSON		Relationship:		
Mailing Address:				
City:	State:	Zip Code:		
Home Phone:		Work Phone:		
Cell Phone:	Email:			
	dress or phone change please contac	t Suzi Bloom @ 724-836-2600		

STUDENT REGISTRATION CONTINUED		
Please list the name of the individuals below who are all	owed to pick up your child:	
Parent/Guardian:	Phone:	Relationship:
Parent/Guardian:	Phone:	Relationship:
Parent/Guardian:	Phone:	Relationship:
Safety is priority for the PIC Enrichment Program; therefore, no a parent/guardian signature or that of one the three individu (Note: the names above mu	hild enrolled in this program will be als above. Photo identification shoul st be of someone 18 years or older.)	released from the program without id be provided at time of pick up.
	CLAIMER	
Funding for the Enrichment Program requires that statistical informa information confidential and <u>no information is reported on individual</u> anonymous and will not appe	ntion for participating students is collectents of	ed and reported. Evaluators keep the or identifying information will be kept
	S RELEASE	
I give my permission for the Private Industry Council of Westmorelar photograph(s) for purposes of publication in newspapers, magazines, company website, as may be ap I release PIC of any liability which may invol	or other print media, as well as in radio, propriate for publicizing their programs	,
Yes, I give permission to use my child photo and name.	☐ No, I do not give my perm	nission to use my child's photo or name.
Parent/Guardian Signature:		Date:

Program Rules and Policies

Program Rules

- · Bullying will not be tolerated.
- Treat each other as you would want to be treated. Teasing, name calling, and fighting will not be tolerated.
- Respect school and personal property.
- Make sure to have your personal belongings with you at all times.
- All supplies and materials must be put away and all garbage thrown away in the appropriate place.
- The same school rules for the bus apply to the program.
- Students must follow the directives from teachers and aides to ensure the safety of all students.
- Cell phones, iPods, MP3 players, and all other electronic equipment will not be permitted during program hours. PIC will not be responsible for lost, damaged, or stolen items.

General Notes

- Sandals are not permitted, please wear sneakers or shoes suitable for running.
- Wear comfortable clothing that may be damaged due to the hands-on projects.
- No tank tops or short-shorts are allowed.

Please return application to:
Private Industry Council of Westmoreland/Fayette, Inc.
ATTN: Suzi Bloom
219 Donohoe Road
Greensburg, PA 15601

	Social Security No.:					
	le in household, relationship, last six	(6) months income, and	source of income.			
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Family Members	Relationship to	Source of Income	Family Me (Last Si	mber Inc 8 Month		
Names	Applicant					
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Does your family receive Food Stamps? If not, did your family receive Food Stamps within the last six (6) months?			Yes			
Foor did your family receive	2 LOOG Studies within the meren (e)	20C1\0		No.		
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