



STEM SUMMER CAMP

STUDENT INFORMATION

Name _____ Date of Birth: _____

Address: _____
Street Address Apartment Unit

_____ City State Zip Code

Returning or New Student

Doctor's Name _____ Doctor's Phone: _____

Current Medication _____ Allergies _____

CURRENT SCHOOL INFORMATION

School: _____ Grade: _____

Grade completed by May 30, 2018 _____

PARENT(S)/GUARDIAN INFORMATION

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Emergency Contact #1: _____ Phone Number: _____

Emergency Contact #2: _____ Phone Number: _____

Parent's Email: _____

DISCLAIMER AND SIGNATURE

I authorize my child, _____ to participate in the 2018 CAMP STEM program at Southern University Shreveport.

Signature: _____
Parent's Signature Date

Total Amount Enclosed: \$ _____ (Do Not Mail Cash)

Checks payable to Southern University at Shreveport

Payment Method:

___ Personal Check ___ Credit Card ___ Money Order