



# Bismarck Public School District

## CAMP EDVENTURE 2010 Registration Form for Students attending Bismarck Public Schools

(One student per form – deadline April 1, 2010)

I am registering my child for Camp Edventure.

Registration is for the 6 week session.

**June 7- July 20, 2010 (NO SCHOOL July 2<sup>nd</sup> & July 5th)**

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade entering Fall 2010: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 School child currently attends: \_\_\_\_\_  
 School you would like your child to attend for Camp Edventure: \_\_\_\_\_

So that our staff is prepared to meet the needs of your child, please respond to the following questions:

1. Does your child have:
  - a. an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. a 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. a Behavior Plan? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. a Health Care Plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
(this doesn't mean health insurance)
  
2. Will it be necessary for Camp Edventure staff to administer medication to your child during camp hours (8:15 – 11:45)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "YES" please list name of medication(s) here:
  
3. Will your child need to use the following during Camp Edventure?
  - a. an Epipen? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. an Emergency Inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

You will receive a letter confirming your child's registration. If you have any questions about Camp Ed, please call your school's principal. Return this completed form to your child's teacher or school office. Deadline: April 1, 2010

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Bismarck Public School District does not discriminate on the basis of race, sex, color, national origin, religion, age or disability in admission or access to, or treatment or employment in, its programs and activities. To obtain this material in an alternate format, contact Dr. Jean Hall, Principal, at 701-323-4200 or a TTY Relay Service at 711 or 1-800-366-6888.*

FOR OFFICE USE ONLY	Initials of Recorder: _____	Date received: _____	Student ID: _____
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