

CAMP EDVENTURE 2010

Registration Form for Students attending Bismarck Private/Parochial/Home 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 2nd & 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 _____ |

4. Eligible students must score: (Please check the responses relevant to your child)

- | | | |
|---|---------|--------|
| 1. Below the sixtieth percentile on a standardized test; or | ___ Yes | ___ No |
| 2. Below the sixtieth percentile on a teacher-developed test; or | ___ Yes | ___ No |
| 3. Have a grade of C or below in the school year that just ended. | ___ Yes | ___ No |

You will receive a letter confirming your child's registration. If you have any questions about Camp Ed, please call Jean Hall, Camp Ed Coordinator at 323-4200. Deadline: April 1, 2010

Return this completed form to: Jean Hall, Camp Ed Coordinator, 919 S. 12th St. Bismarck 58504

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.

