



# A Marvelous Experience in STEM & the Arts Summer Camp 2022 Greater Mt. Carmel



## FAMILY INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Last, First, M.I.

Home Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) Email:  
Emergency Contact: Phone:

Name of the Person authorized to pick up your child(ren): \_\_\_\_\_

## CHILD INFORMATION

Print Each Child's First & Last Name	Age	D.O.B.	Gender	Race* / Ethnicity	Name of School 2021- 2022 year	Grade Level	Free/reduced Lunch Eligible
1.							
2.							
3.							
4.							

\*Race / Ethnicity – Indicate number: (1) Black/African American, Not Hispanic; (2) White, not Hispanic; (3) Asian/Pacific Islander; (6) American Indian; (6) If Other (describe here) \_\_\_\_\_  
and indicate "H" for Hispanic or "NH" for Not Hispanic.

1. Number of Adults in home? \_\_\_\_\_.

2. Number of children in home- under 18? \_\_\_\_\_.

3. Check all that apply: Single Head of Household: \_\_\_ Yes \_\_\_ No

a. \_\_\_ Male \_\_\_ Female \_\_\_ Grandparent: Highest Education Level: Less than High school \_\_\_ High school/Ged \_\_\_ Technical Cert. \_\_\_ Some College \_\_\_ Associates Degree \_\_\_ Bachelor's Degree \_\_\_ Advanced Degree \_\_\_ Not Available/refused \_\_\_

4. Does your child have any special needs? Circle: Yes or No.

a. If yes, please explain: \_\_\_\_\_

5. If your child has any **needs in school** or an IEP, please explain: \_\_\_\_\_

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

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_ Closure Reason: \_\_\_\_\_