



Application Secret Codes Summer Camp

PARENT INFORMATION

Last Name:	First:	Date:
Address:		
City:	State:	ZIP:
Cell Phone:	E-mail Address:	

EMERGENCY CONTACT

Name:	Relationship to Student:
Phone:	Cell Phone:

STUDENT INFORMATION

Last Name:	First:
Grade:	Date of Birth:

If you child has any medical conditions that might need to be addressed during sessions, please explain below:

REQUESTED SESSION TIME (Check One Box)

8:00am
 9:00am
 10:00am
 11:00am
 1:00pm
 2:00pm

SIGNATURE

Signature:	Date:
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PAYMENT

Tuition and Materials (\$450)

Please make checks payable to Center for READIng. Credit card payments are also available.

To make a credit card payment, please call 620-235-4593.

Please complete this application, sign, and send to READIng@pittstate.edu