



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

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### REQUESTED SESSION TIME (Check One Box)

<input type="checkbox"/> 9:00am	<input type="checkbox"/> 10:00am	<input type="checkbox"/> 11:00am
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### SIGNATURE

Signature:	Date:
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### PAYMENT

<b>Tuition and Materials (\$450)</b>
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*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](mailto:READING@pittstate.edu)*