# 2017 MCES SUMMER CAMPS APPLICATION

## Demographic Information

**Student's Legal Name**_____
**Last** **First** **Middle (Full)**

**Grade:**_____ **School/Homeroom Teacher:**_____

**Health Alerts:** _____

**Food Allergies:** _____

**Parent/Guardian 1:**_____

**Address:**_____

**Phone (_____)**_____ **Cell Phone (____)**_____

**Parent/Guardians 2:**_____

**Address:** _____

**Phone (_____)**_____ **Cell Phone (____)**_____

## CHECK-OUT CONSENT

**Parent/Guardian Names and any additional individuals who may check student out of camp:**

| *Name* | *Relationship* | *Work/Home Phone* | *Cell Phone* |
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***Check all of the weeks your child will be attending camp:***

June 19-23 _____ July 10-14 _____
June 26-30 _____ July 17-21 _____
July 24-28 _____

Cost: $10 per week or $40 for all 5 weeks **TOTAL: $_____**

**PARENT/GUARDIAN SIGNATURE:**_____ **DATE:**_____

Please return form with payment by **Wednesday, May 24.**
For financial assistance call (270) 432-3171 or email jamie.howard@metcalfe.kyschools.us