

Poudre Learning Center

8313 West F Street, Greeley, CO 80631

970.352.1267

**SUMMER SCIENCE IN NATURE CAMP****I. STUDENT INFORMATION**

Name:			
Date of birth:	Gender (mark your answer): <input type="checkbox"/> Female <input type="checkbox"/> Male		Age:
Current School:		Current Grade: <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	
School Grade Next Year:			
Ethnicity (check all that apply):			
<input type="checkbox"/> Native American or Native Alaskan	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other: _____	

II. PARENT INFORMATION

Parents/Guardians:		
Address:		
State:	City:	ZIP Code:
Phone:	E-mail:	

III. EMERGENCY CONTACT

Name of a relative not living with you: (Nombre de un familiar que no vive en tu hogar)		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to student (Parentesco al estudiante):		

IV. HEALTH

Do you have any health concerns that we need to be aware of? ¿Tienes problemas de salud de los cuales necesitamos enterarnos? <input type="checkbox"/> No <input type="checkbox"/> Yes- Please explain (explica): _____
Do you have any allergies? ¿Tienes alergias? <input type="checkbox"/> No <input type="checkbox"/> Yes- Please explain (explica): _____

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**V. PHOTO RELEASE**

By signing below, I hereby assign and grant to the Poudre Learning Center (PLC) the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my son/daughter during the summer science through art camp, or other activities related to this PLC program. I hereby release the PLC from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the PLC and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/ Guardian Signature: _____

VI. PAYMENT

Select one (Seleccione una opción):

Full payment is enclosed. Check or Money order # _____ Payable to the "Poudre Learning Center"

El pago completo esta incluido. Cheque o giro postal # _____ a pago del "Poudre Learning Center"

I will be applying for a **Partial Scholarship** and have enclosed partial payment of \$ _____ → Please fill out page 3 to be considered for the limited number of scholarships we have available. Aplicaré para una **beca parcial** y he incluido pago por \$ _____

→ Debe completar la solicitud en la página 3 para ser considerado para una de las becas disponibles.

VII. SIGNATURES

I certify that all information supplied by me in this application is accurate and complete. Aseguro que la información en esta solicitud esta exacta y completa.

Signature of student:

Date:

Signature of parent/guardian:

Date:

Scholarship Application

I. STUDENT INFORMATION	
Name:	
Current School:	
Parent/Guardian:	
II. NEEDS ASSESSMENT	
I will need a partial scholarship? (¿Necesitará una beca completa ó parcial?)	
<input type="checkbox"/> Partial, My family can pay \$ _____ towards program registration fees (Parcial, podemos pagar \$ _____ para los costos del programa)	
Are you part of the Free or Reduced Lunch Program at school? ¿Calificas para el programa de almuerzo gratis o con precio reducido en la escuela?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
We ask that each participant pay a partial amount to encourage ownership in the program.	
III. SHORT ESSAY	
Please explain any circumstance that is keeping your family from being able to pay the full amount for this program. (Favor de explicar cualquier circunstancia que no le permite a tu familia pagar por este programa.)	
IV. SIGNATURES	
I certify that all information supplied by me in this application is accurate and complete. Aseguro que la información en esta solicitud esta exacta y completa.	
Signature of student:	Date:
Signature of parent/guardian:	