



99 Clinton Street • Schenectady, NY 12305

www.scpl.org

# Teen Writing Camp Registration Form "WRITING ROCKS!"

Monday, July 23<sup>rd</sup> – Friday, July 27<sup>th</sup>, 2018

9:30am – 3:00pm

**\*FOR KIDS ENTERING GRADES 6-9\***

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade entering Fall 2018 \_\_\_\_\_ School \_\_\_\_\_

Has this student attended the summer writing camp before? \_\_\_\_\_ If YES, when \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list any special needs (wheelchair access, food allergies, health restrictions, etc)

\_\_\_\_\_

Are you able to drive students in your car to a local field trip? \_\_\_\_\_ If YES, how many? \_\_\_\_\_

I give \_\_\_\_\_ permission to participate in the Teen Writing Camp at the Central Library of the Schenectady County Public Library and to participate in one or more local field trips.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Confirmation sent by email. Preferred email \_\_\_\_\_

**Registration forms will be accepted from June 7 at 9:00am to June 22 at 7:30pm.**

They may be hand delivered to any SCPL location, or emailed as an attachment to kwallman@mvls.info.

Questions? Call Kaela Wallman at 518.388.4513.

For library use: Date Submitted \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_