2018 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*

Check all of the weeks your child will be attending camp:

June 4-8 _____ June 18-22 _____
June 11-15 _____ June 25-29 _____

Cost: $25 per week or $85 for all 4 weeks **TOTAL: $**_____
Two students or more $60 each for all 4 weeks

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

For questions call (270) 432-2051 or email kim.coleman@metcalfe.kyschools.us