TEXAS WORKFORCE COMMISSION (TWC)
CAMP CODE FOR GIRLS

RECEIPT OF APPLICATION DEADLINE
MAY 18, 2018

IMPORTANT
DATES OF CAMPS
6TH GRADE CAMP: JULY 2-7, 2018 (OFF FOR JULY 4TH)
7TH GRADE CAMP: JULY 16-21, 2018
8TH GRADE CAMP: JULY 30-AUGUST 4, 2018

PLEASE REVIEW DATES CAREFULLY FOR THE APPROPRIATE
CAMP FOR YOUR CHILD

Camp Information:
The TWC Camp Code for Girls are one-week, no cost, academic, day camps for girls entering grades 6-8 in fall 2018 and are designed to provide computer coding/programming hands-on experiences that provide challenging and innovative concepts in learning, problem solving, and analytical skills while fostering an interest in computer coding/programming.
The camp will be held on the campus of Lamar University, 4400 S. MLK Jr. Parkway, Beaumont, Texas 77710. Students will be dropped off at 8:45 in the morning and picked up at 4:45 in the afternoon. Camp hours are from 9:00 am – 4:30 pm Monday through Friday. Before applying, please be certain that you will be able to drop off and pick up your child on time.

Application Process:
▪ Parent/Guardian and student complete requested information on the attached Student Application Form
▪ Parent/Guardian completes Medical Information Form.

Please return the completed Student Application Form and Medical Information Form per previous instructions by the deadline date of May 18, 2018. If all requested documents are not received by the deadline date, the application will not be considered. You will be notified if your child has been selected. Students may be interviewed prior to being selected, if deemed necessary. If you have questions or need additional information, call Rebecca Broussard at 409.880.7786 or email to rlbroussard@lamar.edu.

Please be advised that submitting an application to the camp does not guarantee acceptance.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE
TWC CAMP CODE FOR GIRLS

STUDENT APPLICATION FORM 2018

APPLICATION DEADLINE IS MAY 18, 2018

Student Information

*Please print in blue or black ink or type. Please provide all requested information.*

Name of Student: ________________________________________________________________

Home Address: ________________________________________________________________

City ___________________________ State ___________ Zip Code ________________

Ethnicity: ______________________ Date of Birth (month/date/year): ________________

Student Email Address: _________________________________________________________

Student Cell Phone No.: _________________________________________________________

Gender: Female____ Male:______ Adult T-shirt Size: ______

CURRENT Grade level ______ School District: _________________________________

Name of School student is **currently** attending: ________________________________

ID # __________

Name of School student will attend in 2018-2019 ________________________________

Name of Courses Taken during the **2017-2018** academic year:

Mathematics: ______________________ Science: ________________________________
Name of Student: ____________________________________________

School: _____________________________ Current Grade level: _______

Parent/Legal Guardian Information

Instructions: Please complete the following information for at least one custodial parent or legal guardian, both if available.

Name of Parent or Legal Guardian: ____________________________________________

Employer: _________________________________________________________________

Occupation: ________________________________________________________________

Daytime Phone No.: _________________ Home Phone No.: _________________

Cell Phone No.: ______________________

E-mail Address: ____________________________________________________________

____________________________________  _____________ Date

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian: ____________________________________________

Employer: _________________________________________________________________

Occupation: ________________________________________________________________

Daytime Phone No.: _________________ Home Phone No.: _________________

Cell Phone No.: ______________________

E-mail Address: ____________________________________________________________

____________________________________  _____________ Date

Signature of Parent or Guardian
Camper’s Name: ___________________________________ Grade Level____

Please list THREE people who may be contacted in case we cannot reach you in an emergency. These contacts should be people who have a phone number that is different from your own and are able to be immediately reached in case of an emergency. These contacts should also be someone other than parent(s) or legal guardian(s).

1. Name______________________________________________
   Relationship: _______ relative _______ neighbor _______ friend
   Home Phone: _______________ Work Phone: _______________
   Cell Phone: ____________________

2. Name______________________________________________
   Relationship: _______ relative _______ neighbor _______ friend
   Home Phone: _______________ Work Phone: _______________
   Cell Phone: ____________________

3. Name______________________________________________
   Relationship: _______ relative _______ neighbor _______ friend
   Home Phone: _______________ Work Phone: _______________
   Cell Phone: ____________________

Parent’s Signature________________________________________ Date___________
Camper’s Name ________________________________

General Camper Information
In order to make your child’s experience at camp the best possible; we would like some information from you. The camp staff will use the information on this page to enhance your child’s camp experience.

- Has your child attended a day camp before? _____Yes _____No
  If yes, how did he/she cope?
  ____________________________________________________________
  ____________________________________________________________

- Does your child have any particular fears? (i.e., the dark, water, animals, etc.)
  ____________________________________________________________
  ____________________________________________________________

- Does your child have any disabilities or special challenges? (i.e. physical, emotional, learning, developmental, social or behavioral)
  ____________________________________________________________
  ____________________________________________________________

- Does your child have any hobbies or special interests?
  ____________________________________________________________
  ____________________________________________________________

- Is there anything else we should know about your child to make his/her time at camp more enjoyable?
  ____________________________________________________________
  ____________________________________________________________
TWC Camp Code for Girls Media Release Form

I hereby grant permission to TWC Camp Code for Girls at Lamar University and/or its associates, assistants, or subcontractors to photograph/film/interview my child, __________________________.

It is my understanding that photographs/films/interviews or portions thereof will be used for public view (publications, multimedia production, display, advertisement or world-wide web publication) for the TWC Camp for Girls at Lamar University.

The undersigned agrees that the TWC Camp Code for Girls and its associates may use names, likeness, or biographical information supplied by the undersigned.

I agree to participate in this project without financial remuneration, and I understand that my signature below releases and discharges the TWC Camp Code for Girls, and their agents, officers, volunteers and employees from any future claims and demands, as well as from any liability arising from the use of said photographs/images and interviews.

Name of Child (please print) ____________________________________________

Address __________________________________________________________________

City, State, Zip __________________________________________________________________

Area Code & Phone Number __________________________________________________________________

Parent or Legal Guardian (please print) ____________________________________________

Signature of Parent or Legal Guardian ____________________________________________

Date ____________________________
Dear Parents/Legal Guardians,

Field trips/excursions to the following locations have been scheduled. These trips will be made by bus. The dates and times are listed below. Camp staff will accompany this group and will work with the campers to accomplish the educational objectives of this trip. Campers will be supervised at all times during these field trips/excursions.

<table>
<thead>
<tr>
<th>DATE</th>
<th>LOCATION</th>
<th>TIME OF DEPARTURE</th>
<th>TIME RETURNING TO UNIVERSITY</th>
<th>METHOD OF TRAVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/7/18</td>
<td>NASA/Johnson Space Center Houston</td>
<td>7:30 a.m.</td>
<td>2:00 p.m.</td>
<td>Bus</td>
</tr>
<tr>
<td>7/21/18</td>
<td>NASA/Johnson Space Center Houston</td>
<td>7:30 a.m.</td>
<td>2:00 p.m.</td>
<td>Bus</td>
</tr>
<tr>
<td>8/4/18</td>
<td>NASA/Johnson Space Center Houston</td>
<td>7:30 a.m.</td>
<td>2:00 p.m.</td>
<td>Bus</td>
</tr>
</tbody>
</table>

All field trips/excursions are subject to change.

For your child to participate in this Camp activity, it is required that you complete and sign the bottom part of the form and return it today.

Dr. Otilia Urbina  
Executive Camp Director

This is to certify that ____________________________ has my permission to go on the field trips/excursions listed above with this camp group.

In case of emergency, I may be reached at ____________________________  
(Telephone-home)  Telephone-work)

________________________  ____________________
Signature of Parent/Guardian  Date
PARTICIPANT MEDICAL INFORMATION AND RELEASE FORM

Please print in black or blue ink or type:

Student’s Name________________________________________

Date of Birth __________________________ Gender ________ Age ________

If your child will be taking prescription or over-the-counter medications during camp, the following page must be taken to your child’s doctor for his/her signature. All pages of the Participant Medical Information and Release Form must be returned with application package by the deadline date of May 18, 2018.

1. Does the student have any physical complaints or chronic illnesses?

YES ________ NO ________

If yes, please explain below.

2. Is the student under the care of a doctor for any reason?

YES ________ NO ________

If yes, please explain below.
3. Is the student being treated with any medications?

   YES_______     NO_______

   If yes, please list the **prescription** medication(s) in the chart below.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>PURPOSE</th>
<th>DOSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Please list any **nonprescription** (over-the-counter) medications the student is taking or is permitted to take during camp including aspirin, acetaminophen, antihistamines, etc.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>PURPOSE</th>
<th>DOSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Doctor’s approval is needed for prescription and over-the-counter drugs** (aspirin, cold capsules, etc.). Please have doctor sign below.

   Physician’s Signature: ____________________________________________  Initial if signed by Nurse or Physician’s Assistant

   All medications must be in the original container; the pharmacy label must be attached and clearly legibly for prescription drugs. Only include enough medication for the time the child will be attending the camp. Parents must also supply over-the-counter medications in original bottles with labeled directions. The camp **does not** provide over-the-counter medications to campers. All medications must be turned in when the student checks into the camp each day.

   Student’s Name ____________________________________________
HEALTH INSURANCE INFORMATION

The above named student is:

_____ not covered by health and accident insurance.

_____ covered by health & accident insurance.

Please check one of the above.
If your child is covered by health and accident insurance, please provide requested information.

Attach a photo copy of the insurance card.

Policy Holder’s Name___________________________________________________________

Relation to Camper _____________________________________________________________

Health Insurance Provider_______________________________________________________

Group/Policy Number ____________________________ Plan # ____________

Insurance Company’s Phone Number_____________________________________________

Physician ____________________________ Phone Number __________________________

Preferred Hospital ____________________________ Phone Number ______________________

DOES YOUR CHILD HAVE A PEANUT ALLERGY?  _____NO _____YES

Allergies: (food, medicines, insects, plants, etc.) _____No _____Yes Explain:

________________________________________________________

Are immunizations current?  _____No _____Yes

Date of last Tetanus injection: __________________________

Has camper had a Meningitis shot?  _____No _____Yes

Has your child had any recent surgical operations, accidents or injuries?

___________No  _______Yes

If yes, please explain.

Does your child wear glasses?  _____No _____Yes

Does your child wear contact lenses?  _____No _____Yes

Student’s Name__________________________________________________________
# HEALTH INFORMATION STATEMENT

Please indicate if your child experiences or has experienced any of the following. Attach an additional sheet if additional space is needed for details.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
<th>Details (i.e. how often, usual treatment, warning signs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convulsions/Seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting Spells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathing Problems (asthma, persistent cough, tuberculosis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Clotting Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach/Bowel Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent Infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental or emotional health issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I/We hereby authorize the TWC Camp Code for Girls Directors to order emergency medical treatment on behalf of my (our) child if deemed necessary by an adult camp staff member and/or qualified medical personnel. I/We give my/our permission to the adult camp staff of the TWC Camp Code for Girls to act on my/our behalf and administer the necessary medical care to my/our child. It is understood that all attempts possible will be made to contact me/us in the event that emergency care or otherwise is required. I/We understand that health care and accident expenses are not covered by the TWC Camp Code for Girls and will be passed along to me/us.

______________________________  _________________________
Parent/Legal Guardian Signature  Date

______________________________  _________________________
Parent/Legal Guardian Signature  Date

Parent/Legal Guardian Telephone Numbers

Home (_____) _______________________  Work (_____) _______________________  Cell (_____) _______________________

Parent/Legal Guardian Telephone Numbers

Home (_____) _______________________  Work (_____) _______________________  Cell (_____) _______________________