

Oklahoma State University
 College of Engineering, Architecture and Technology
KIDS' DISCOVERY CAMP

PARENT & CAMPER HANDBOOK

106 Engineering North, Stillwater, OK 74078 Phone 405-744-5146 Fax 405-744-1673
 Email: msetm@okstate.edu

REGISTRATION FORM

All camps are from 8:00 a.m. – 5: 00 p.m.

Enrollment is limited to campers 9-12 years of age -- must be 9 years old on or before 6/1/09.

Camper's Name (First, MI, Last): _____

Home Address (Number and Street): _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____ Circle One: Male / Female

Name of Mother/Guardian : _____ Home Phone: _____

Cell/Work Phone: _____ Email: _____

Name of Father/Guardian : _____ Home Phone: _____

Cell/Work Phone: _____ Email: _____

Please check the camps you wish to attend:

Dates	Subject	Cost*
<input type="checkbox"/> June 1-5	Farm to Table	\$110
<input type="checkbox"/> June 8-12	Mission to Mars	\$110
<input type="checkbox"/> June 15-19	Survivor – OSU Campus	\$110
<input type="checkbox"/> June 22-26	Earth, Wind and Water	\$110
<input type="checkbox"/> June 29-July 2	The Artist in You (note 4 days instead of 5)	\$90
<input type="checkbox"/> July 6-10	How did the chicken cross the road?	\$110
<input type="checkbox"/> July 13-17	Life Lessons: Money, Manners and Me	\$110
<input type="checkbox"/> July 20-24	Computers and You	\$110

*Additional Fees may be required for field trips TOTAL

T-Shirts (one per child) will be provided to be worn on field trips. Circle T-shirt size below:

Youth Sm. 6-8 Youth Med. 10-12 Youth Lg. 14-16 Adult Sm. Adult Med. Adult Lg

PAYMENT INFORMATION

(Bursar billing is preferred for OSU EMPLOYEES ONLY):

Bill to Bursar - CWID _____ Signature _____

Payment by: Cash Check Visa MasterCard

Print Cardholder's Name: _____

Expiration Date: _____ Card No. _____

Cardholder's Signature _____

I give my permission for my child to attend the OSU College of Engineering, Architecture and Technology (CEAT) Kid's Discovery Camps and to participate in all phases of activities, including any trips on and off campus. I have read the program description and camp brochure and agree to cooperate with all regulations. I give permission for my child to receive emergency medical treatment. OSU CEAT may use my child's photograph for publicity purposes.

Parent/Guardian Signature _____

Date _____