

**Monroe Technology Center**  
**The Governor's Career & Technical Academy of Loudoun**  
**Summer Career Camp ■ June 11-15, 2012 ■ 9:30am – 1:00pm**  
**2012 Camp Registration Form**

Directions: Complete the 2012 Camp Registration Form, Summer School Student Health Information Form, and the Students Rights and Responsibilities Form. Return your completed application with the camp fee of \$150 by 4/30/2012 to Monroe Technology Center, Camp MTC, 715 Childrens Center Rd SW, Leesburg, VA 20175. **Checks made payable to "Monroe Technology Center."** Transportation is available.

Participants Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

School: \_\_\_\_\_

Current Grade:       5<sup>th</sup>       6<sup>th</sup>       7<sup>th</sup>

Adult T-shirt Size:       Small       Medium       Large

Daytime Phone Number: \_\_\_\_\_

Cell/Work Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

List the full name(s) of all persons authorized to pick up your student from camp:

\_\_\_\_\_

Describe any medical condition(s) of the above student: \_\_\_\_\_

\_\_\_\_\_

Describe any special needs / accommodations: \_\_\_\_\_

\_\_\_\_\_

**Schedule of Camp Offerings**

Please select 3 options in rank order with "1" being your first choice.

Agricultural       Health & Medical Sciences       Information Technology

Architectural Design       Hospitality       Public Safety

Communications       Human Services       Transportation

**Monroe Technology Center**  
*Home of Loudoun Governor's Career & Technical Academy*  
**Summer Career Camp**  
**June 11-15, 2012**

Career Camp is an enrichment program sponsored by Loudoun County Public Schools, Office of Career and Technical Education. Career Camp consists of workshops in the fields of technology and practical arts. Career Camp offerings, within a variety of career cluster areas, allows students opportunities for exploration and project-based learning including STEM curriculum.

Career camp is for **rising 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade** students to explore and learn about exciting opportunities in a variety of career fields offered at Monroe Technology Center.

**Schedule of Camp Offerings**

(Students will choose two cluster areas)

**Agriculture Technology Cluster**

Environmental Plant Science  
Veterinary Science  
Biotechnology

**Architectural Design Cluster**

Masonry  
Building Construction

**Communications Cluster**

Computer & Digital Animation  
Graphic Communication  
TV Production

**Health and Medical Sciences Cluster**

Nursing  
Health Occupations

**Hospitality Cluster**

Culinary Arts  
Travel Tourism

**Human Services Cluster**

Nail Design  
Cosmetology

**Information Technology Cluster**

Computer Systems Technology  
Computer Network Administration

**Public Safety Cluster**

Firefighter/Emergency Medical Technician  
Administration of Justice

**Transportation Cluster**

Auto Collision Repair Technology  
Auto Servicing Technology

**Daily Schedule**

**9:30 a.m.- 11:00 a.m.**

Students attend first cluster sessions-a schedule will be given the first day of camp.

**11:00 a.m.-11:30 a.m.**

Break- A healthy snack and bottled water will be provided.

**11:30 a.m.- 1:00 p.m.**

Students will attend the second cluster sessions.

**1:00 p.m.**

Camp day ends- students board buses or await parent.

**Camp Information**

**Location:** Monroe Technology Center

**Date:** June 11-15, 2012 (Monday-Friday)

**Time:** 9:30 a.m. – 1:00 p.m.

**Registration Deadline:** April 30, 2012

**Fee:** \$150.00 Per Student

**\*Tuition assistance is available to qualified applicants upon request.\***

Please complete the camp registration form, the student health form, and media release form.

Return all forms with your payment by April 30, 2012 to the following address:

**MTC Summer Career Camp**  
**715 Childrens Center Rd. SW**  
**Leesburg, VA 20175**

## Summer School Student Health Information

Student's Full Name: \_\_\_\_\_

Last

First

Middle

Home School: \_\_\_\_\_

Grade: \_\_\_\_\_

Summer School Attending: \_\_\_\_\_

### CONTACT INFORMATION

<u>Parent/Guardian 1</u>	<u>Parent/Guardian 2</u>
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

### EMERGENCY INFORMATION

The following is requested in order that we may have the necessary information in the event of illness or injury involving your child when we are unable to reach you.

Medical Insurance: Yes: \_\_\_ No: \_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

<u>Emergency Contact 1</u> Name of person to whom your child may be released	<u>Emergency Contact 2</u> Name of person to whom your child may be released
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

### MEDICAL INFORMATION

Tylenol/Generic Substitute: (check one)

**IDO** give permission for my child to receive Tylenol or its generic substitute. (Age/weight appropriate dose will be given)

I do **NOT** give permission for my child to receive Tylenol or its generic substitute.

#### PLEASE LIST:

1. Medication taken regularly by student \_\_\_\_\_
2. Medication to be given during Summer School: \_\_\_\_\_

Prescription medicines require physician's orders. If medication was administered during the school year, a new order is not required. If this is a new medication, a physician's order is required. Forms for medication are available in the school office.

3. Allergies (list all): \_\_\_\_\_
4. Does your child have any of the following medical conditions? (check all that apply)

If yes, please request special medical forms from the school office.

If forms are on file for current school year, then new forms are **not** required for summer school.

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> Seizures     |
| <input type="checkbox"/> Severe Allergies requiring an EpiPen | <input type="checkbox"/> Diastat      |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Cardiac Condition                    | <input type="checkbox"/> Other _____  |

5. Any physical or medical problems about which the school should know? Yes: \_\_\_ No: \_\_\_

If yes, list conditions: \_\_\_\_\_

If yes, write comments relating to care \_\_\_\_\_

In case of an accident or serious illness, I request the school to contact me. In case of an emergency, I hereby authorize the school to contact a physician, and further authorize the school to transport my child to the physician or hospital. It is understood that I will assume the responsibility for payment of the physician's and/or hospital's fee. It is further understood that this permission is effective as long as this child is enrolled in school.

X \_\_\_\_\_  
Signature of Parent/Guardian      Date

X \_\_\_\_\_  
Signature of Parent/Guardian      Date

# Signature Form—**REQUIRED FOR ALL STUDENTS**

The *Student Rights and Responsibilities 2011-2012* is available at [www.lcps.org](http://www.lcps.org) under “Quick Links.” Parents/guardians should access the information and discuss it with their school-aged child(ren). Schools and public libraries can provide internet access if needed. If a printed copy of the information is needed, please contact the school and one will be provided.

After reviewing the document, this “Signature Form” must be signed and returned to the student's homeroom teacher or may be mailed to the school by **September 9, 2011**.

## Acknowledgment of Receipt of Student Rights and Responsibilities, 2011–2012

I acknowledge that I have access to *Student Rights and Responsibilities 2011-2012*, including bus safety rules and the Compulsory School Attendance Law. As evidenced by my signature below, I acknowledge the requirements of Loudoun County School Board's standards of student conduct and the Compulsory School Attendance Law. As the parent/guardian, I agree to cooperate with school officials in managing my child's conduct while he or she is at school, on the school bus, or in attendance at a school-sponsored activity.

By signing the “Acknowledgment of Receipt,” parents/guardians shall not be deemed to waive but to expressly reserve their rights protected by the constitutions or laws of the United States or the Commonwealth. Parents/guardians shall have the right to express disagreement with a school or school division's policies or decisions.

## Telecommunications Acceptable Use Agreement *(see page 25 for details)*

I have read and agree to abide by the “LCPS Acceptable Use Practices” as described on page 25 of this booklet as evidenced by my signature below. I consent to the “Terms of Use” for any online service provider offered as part of a class or course as described on page 25.

## Media Release and Photographs *(see page 16 for details)*

Check one:

I grant permission for my child (named below) to be photographed or featured in any videotape, television, audio recording, or broadcast that will be produced by and available to the public from LCPS, or (to the extent that access is within LCPS's control during school hours) to the media.

I do NOT grant permission for my child (named below) to be photographed or featured in any videotape, television, audio recording, or broadcast that will be produced by and available to the public from LCPS, or (to the extent that access is within LCPS's control during school hours) to the media.

Check only if it applies:

I do NOT grant permission for my child to be photographed for the school yearbook or in a classroom photograph.

## Instructions:

**Elementary School Students:** Parents/Guardians are required to complete and sign this form, and return it to the child's school. Because of their age, elementary students are not expected to sign, but may do so if desired.

**Middle and High School Students:** Parents/guardians and students are required to complete, sign, and return this form. This form will be filed in the student's scholastic record.

Student's Name \_\_\_\_\_  
*Please Print*

Student School ID Number \_\_\_\_\_

Signature of Student \_\_\_\_\_

Parent's Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
*Please Print*

Date \_\_\_\_\_

School \_\_\_\_\_ Homeroom \_\_\_\_\_

