



**BISMARCK
PUBLIC SCHOOLS**

*College, career,
community ready*

CAMP EDVENTURE 2019 Registration Form for Students attending Bismarck Private/Parochial/Home Schools

One student per form – deadline March 21, 2019

I am registering my child for Camp Edventure.

Registration is for the 6 week session.

June 3 – July 16, 2019 (No school July 4th & 5th)

Student legal name: _____ Date of Birth: _____

Grade entering Fall 2019: _____ Race/Ethnicity: _____ Male _____ Female _____

Parent/Guardian Name: _____ Daytime phone: _____

Address: _____

Emergency Contact Name: _____ Phone number: _____

Parent/Guardian Email: _____

School child currently attends: _____

Has the child ever attended a Bismarck Public School? Yes _____ No _____

School you would like your child to attend for Camp Edventure: _____

So that our staff is prepared to meet the needs of your child, please respond to the following questions:

1. Does your child have:

- a. an IEP? Yes _____ No _____
- b. a 504 plan? Yes _____ No _____
- c. a Behavior Plan? Yes _____ No _____
- d. a Health Care Plan? Yes _____ No _____
(this doesn't mean health insurance)

2. Does your child currently take a prescribed medication at school between 8:00 AM and 11:45 AM?

Yes _____ No _____

Medications should be given to your child at home if possible. If your child is required to receive medication during Camp Edventure check here. _____

Name of medication _____ (an authorization must be signed with the school office)

3. Will your child need to use the following during Camp Edventure?

- a. an Epipen? Yes _____ No _____
- b. an Emergency Inhaler? Yes _____ No _____

4. Please check the responses relevant to your child:

- 1. Below the sixtieth percentile on a standardized test; or _____ Yes _____ No
- 2. Below the sixtieth percentile on a teacher-developed test; or _____ Yes _____ No
- 3. Have a grade of C or below in the current school year. _____ Yes _____ No

You will receive a letter confirming your child's registration. If you have any questions about Camp Ed, please call Matthew Guenther, Camp Ed Coordinator at 323-4280. Deadline: March 21, 2019

Return this completed form to: Matthew Guenther, Camp Ed Coordinator, 2200 Oahe Bend, Bismarck 58504

Parent/Guardian Signature: _____ Date: _____

The Bismarck Public School District does not discriminate on the basis of race, sex, color, national origin, religion, age or disability in admission or access to, or treatment or employment in, its programs and activities. To obtain this material in an alternate format, contact Matthew Guenther, Principal, at 701-323-4280 or a TTY Relay Service at 711 or 1-800-366-6888.

FOR OFFICE USE ONLY	Initials of Recorder: _____	Date received: _____	Student ID: _____
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