

Electrical Occupations



Drafting & Design



Summer Career Camp For Grades 7 & 8

June 21, 22, 23, 2010



Computer Networking



Culinary Arts

Summer Career Camp

(Sponsored by Tech Prep)

Who: Greene County
7th and 8th grade students

What: Experience hands on activities in 4 different technical programs while using your math and reading skills

When: **June 21, 22, 23**

- 8:00 AM – 3:00 PM
- Lunch Provided
- 1st two days visit all 4 programs; 3rd day is an educational field trip

Where: Greene County Career & Technology Center,
60 Zimmerman Dr., Waynesburg, PA
724-627-3106

Transportation to and from GCCTC must be provided by parents

Cost: *Free!*

Registration form must be completed and submitted by Friday, June 4, 2010

**Register Early,
Space is Limited!**

First Come ~ First Serve

Registration Closed after first 60 registrants

NONDISCRIMINATION POLICY

Greene County Career & Technology Center does not discriminate in its educational programs, activities or employment practices based on race, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected category. This practice is in accordance with state law, including the Pennsylvania Human Relations Act, and with federal law, including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967 and the Americans with Disabilities Act of 1990.

7th & 8th Grade Summer Career Camp
Application
Sponsored by Tech Prep

Greene County Career and Technology Center

60 Zimmerman Drive
Waynesburg, PA 15370

Phone: (724) 627-3106 Fax: (724) 852-2565

Date _____

Circle Current Grade (for 2010-2011
school year): 7th 8th

Current Age: _____

Birth Date: _____

Student's Name _____
Address _____
Last First Middle
Number Street City State Zip

Parent's or Guardian's Daytime Telephone Number -- Home: _____

Father's Employer: _____ Work Phone No.: _____

Mother's Employer: _____ Work Phone No.: _____

Who can we contact in case of illness or injury if parent or guardian cannot be reached: _____ Daytime Telephone No.: _____

Address: _____
(Name)

Personal Physician's Name: _____

Physician's Address: _____

Physician's Office Phone No.: _____

In case of accident or serious injury, if the school is unable to contact me, I hereby authorize the school authorities to take the above-named student to a physician, or the emergency room of a hospital.

Name of preferred local hospital: _____

Does student have any known allergies to medicines? If so, please list.

The safety of the student is of utmost importance to us. In view of this, we would like to know whether your child has a disability, or any other health problems of which the school should be aware. If so, please note below.

Please list all medications your child is taking:

THE ABOVE INFORMATION IS STRICTLY CONFIDENTIAL.

Photographs, videos, newspaper articles and other media involving student photos, names, etc. may be used. Parents/Guardians by signing this application, you are also giving permission for this recognition.

_____ Date _____ Signature of Parent or Guardian

→ **Submit to your school's Guidance Counselor by June 4, 2010.**

A total of 60 students will be registered countywide. The first 60 students who apply will be registered. Registration will be closed after the first 60 registrants. All others will be placed on a wait list.