

Adventure Science Center
Art to STEM Camp at Lipscomb University
Resident Camp (July 10-15) _____ or,
Day Camp (July 18- 22, 8am- 4pm) _____

Mail, Email, or Fax all forms by June 17 to:
John Hawkins
jhawkins@adventuresci.com
Adventure Science Center
Attn: Art2STEM Coordinator
800 Ft. Negley Blvd.
Nashville, TN 37203
Fax 615-862-5178

PERSONAL RECORD

To be completed by the camper's parent/guardian. Please PRINT.

Camper Name: _____

Birth date: _____ Religious preference: _____

Grade entering in Fall 2011 _____ School attending in Fall 2011 _____

Number of years in Art2STEM _____ Does camper plan on staying in Art2STEM if possible _____

FAMILY AND FRIENDS

Indicate the adult members of the family living in the home:

Mother Father Grandparent Other _____

Indicate the children and ages living in the home:

Brother(s) ages: _____ Sister(s) ages: _____

What responsibilities does your camper have at home?

Are her friends her own age? Yes No If no, are they: Younger Older

CAMP EXPERIENCE

Has she attended day camp? Yes No

Is this the first time she will be away from home and parents for any length of time? Yes No

If no, how long of a period has she been away previously? _____

Has she ever been to any other overnight camp? Yes No

If yes, when and for how long? _____

What does your camper most want to do at camp?

What do you want your camper to gain from this experience?

Please add any additional information that will help the camp staff understand your camper's needs:

