

(Circle one)
 Child's Name: Mr Ms _____ Birthdate: _____
 Social Security Number: _____ Upcoming Grade: _____
 Ethnicity of Child: _____ Child's T-Shirt Size (please circle one): Youth: XS S M L XL
 Parent(s): _____ Adult: S M L XL (while supplies last)
 Address: _____ City: _____ Zip: _____
 Cell Phone: _____ Email: _____

Indicate your camp choice(s) by checking the appropriate box or boxes. If the camp runs 2 different dates/times, please circle your choice.

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| <input type="checkbox"/> 3D Game Design with Unity, \$130.55
August 5-8 9a-12p Ages 7-10
1p-4p Ages 11-14
<input type="checkbox"/> BMX \$189.55
June 17-21 and/or August 12-16
9a-12p Ages 6-16
<input type="checkbox"/> Babysitting Basics, \$99.55
June 19-20 9a-11:30a
July 10-11 1p-3:30p
August 1-2 9a-11:30a Ages 11-14
<input type="checkbox"/> Beats and Jams Digital Music, \$130.55
July 29-August 1 9a-12p Ages 7-10
1p-4p Ages 11-14
<input type="checkbox"/> Beginner Kayaking, \$120.55
June 24-26 July 17-19 August 7-9
8a-11a Ages 10-15
<input type="checkbox"/> Beginner SUP Boarding Camp, \$120.55
June 17-19 July 10-12 July 24-26,
August 14-16 8a-11a Ages 10-15
<input type="checkbox"/> Bruiser's Automotive Institute, \$120.55
June 17-20 9a-12p Ages 11-14
<input type="checkbox"/> Camp Newspaper! \$99.55
June 24-27 1p-4p
July 22-25 9a-12p Ages 10-14
<input type="checkbox"/> Camp Scrubs \$125.55
June 10-13 8:30a-1p, MTW 8a-3p, Th
Rising 9th-12th grade
<input type="checkbox"/> Code Breakers \$130.55
July 22-25 9a-12p Ages 7-10
1p-4p Ages 11-14 | <input type="checkbox"/> Drama Camp \$99.55
July 15-18 9a-12p 1p-4p Ages 10-17
<input type="checkbox"/> Drawing Studio \$99.55
July 15-18 9a-12p Ages 7-10
1p-4p Ages 11-14
<input type="checkbox"/> FLOW 1.0
June 24-27 9:30a-11:30a Ages 10-13 \$79.55
July 8-11 9:30a-11:30a Ages 10-13 \$79.55
August 12-15 9:30a-11:30a Ages 10-13 \$79.55
July 22-25 12:30p-3:30p Ages 13-18 \$120.55
June 24-27 12:30p-3:30p Ages 14-18 \$120.55
July 8-11 12:30p-3:30p Ages 14-18 \$120.55
August 12-15 12:30p-3:30p Ages 14-18 \$120.55
<input type="checkbox"/> FLOW 2.0, \$89.55
July 29-31 10a-1p Ages 13-18
<input type="checkbox"/> Hand Building Workshop, \$99.55
July 22-25 9a-12p Ages 6-12
<input type="checkbox"/> I'm a Scientist, \$49.55
July 15-18 9a-3p Ages 6-8
<input type="checkbox"/> Let's Go Scaling! Art Camp! \$99.55
June 24-27 9a-12p 1p-4p Ages 10-13
<input type="checkbox"/> Literature Camp Circle, \$99.55
July 8-11 9a-12p 1p-4p Ages 10-14
<input type="checkbox"/> Mathletics Marathon, \$99.55
July 8-11 9a-12p 1p-4p Ages 10-13
<input type="checkbox"/> Minecraft Redstone Engineers, \$130.55
June 17-20 9a-12p Ages 7-10
1p-4p Ages 11-14 | <input type="checkbox"/> Python Programmers, \$130.55
August 12-15 9a-12p Ages 7-10
1p-4p Ages 11-14
<input type="checkbox"/> ROBLOX Coders, \$130.55
July 8-11 9a-12p Ages 7-10
1p-4p Ages 11-14
<input type="checkbox"/> STEAM Camp, \$120.55
June 17-20 8:30a-12p Rising 4th-8th grade
<input type="checkbox"/> #Science, \$49.55
August 12-15 9a-3p Ages 9-11
<input type="checkbox"/> SUP Yoga, \$120.55
June 17-19 June 24-26 July 10-12
July 17-19 July 24-26 August 7-9
August 14-16 1p-3p Ages 10-15
<input type="checkbox"/> Try a Trade, \$149.55
July 8-12 8:30a-12p Rising 7th-10th grade
<input type="checkbox"/> Typing Triumphs, \$99.55
July 15-18 9a-12p Grades 3-5
1p-4p Grades 6 and up
<input type="checkbox"/> Well, That's Life, \$99.55
June 17-20 9a-12p 1p-4p Ages 10-13
<input type="checkbox"/> Wheel Throwing Ceramics Camp, \$99.55
June 24-27 and/or July 29-August 1
9a-12p Ages 8-14
<input type="checkbox"/> YouTube Content Creators, \$130.55
July 15-18 9a-12p Ages 7-10
1p-4p Ages 11-14 |
|--|--|--|

REGISTRATION DEADLINE for each camp is **1 WEEK** before **START DATE**.

Total Cost: _____

Parent/Guardian Permission

I/We give permission for the above named child to participate in 2024 PCC Explore! I/We also give permission for **pictures/videos** of my child to be used for marketing purposes by Pitt Community College.

Emergency Medical Information

In the case of an emergency in which I/we cannot be reached:

Name: _____ Phone: _____ Relationship to child: _____

Pre-existing medical conditions: _____ Allergies: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

In the event that my child, _____, should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for emergency medical treatment as deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility, or other such health care provider.

Tax ID #: 56-0793335

Signature of parent/guardian _____

Date _____

Please email registration form to **Lisa Webb** at lawebb292@my.pittcc.edu or **Melany Ball** at mdball522@my.pittcc.edu.