



Secret Codes Summer Camp Registration

STUDENT INFORMATION			
Last Name:		First Name:	
Grade entering next school year:		Date of Birth:	
Please list any relevant medical, psychiatric, or academic information below: (e.g., allergies; attention, social, or behavioral difficulties; grade retention; 504 Plan; IEP; etc.)			

PARENT/GUARDIAN INFORMATION			
Last Name:		First Name:	
Address:		Date:	
City:	State:	ZIP Code:	
Email:		Phone:	

EMERGENCY CONTACT			
Name:		Relationship to student:	
Phone:		Email:	

REQUESTED SESSION TIME & FORMAT			
<input type="checkbox"/> 9:00 a.m.	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 11:00 a.m.	
<input type="checkbox"/> In person	<input type="checkbox"/> Online (Zoom)		

PARENT/GUARDIAN SIGNATURE			
Signature:		Date:	

PAYMENT	
<input type="checkbox"/>	Tuition and materials (\$500)

Please make checks payable to the Center for Reading. Credit card payments are also accepted.

Please complete this application, sign, and deliver it to the Center for Reading:

Pittsburg State University, 225 Whitesitt Hall, 1701 South Broadway, Pittsburg, Kansas 66762

reading@pittstate.edu | (620) 235-4593