

## 2016 DWP Summer Writing Camps Enrollment Application

Complete this application and submit along with \$275 fee to:

Professional Development Center for Educators  
Attn: Patti Dooling/Summer Camps  
200 Academy Street  
Newark, DE 19716

**Return by May 31, 2016**

**Part I: Camp Information**—Please select a camp:

- Elementary Science Writing: June 20-24, 2016
- High School Writing: June 27—July 1, 2016 Our
- Stories Writing: July 11—15, 2016
- Exploring Social Issues Through Writing: June 13—17, 2016

**Cost: \$275 / camp**

**Late Fee: \$25 - Deadline May 31, 2016**

**Make checks payable to "University of Delaware"**

### Part II: Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F  
Grade: \_\_\_\_\_ Name of current school: \_\_\_\_\_

### Part III: Parent Information

By completing this registration form, I hereby grant permission for my child to attend one of the DWP Summer Writing Camps. Photographs of my child may be taken and used for presentations and/or publication. I give permission for DWP TCs/PDCE to provide Internet and/or computer access to my child. I understand that it is impossible to restrict access to all controversial material, but that care will be taken to monitor my child's use. I will not hold DWP TCs/PDCE responsible for my child's misuse of the Internet and/or computer access. In case of emergency, I give permission for my child to receive medical treatment.

Parent Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Student Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Daytime emergency contact (8 am to 4 pm):  
Name: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_

Allergies/Asthma/Medical Condition: Please explain.

\_\_\_\_\_

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