

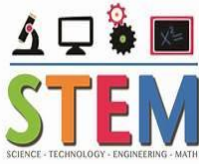


# CAREER TECHNICAL EDUCATION

## 2026 STEM CAMP

June 1 – 5, 2026

Grades 7 – 12



### CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age(at the time of Camp): \_\_\_\_\_  
 Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 T-Shirt Size (circle one): **Adult: S M L XL 2X 3X**  
 Name of Parent/Guardian/Primary Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email address you check frequently: \_\_\_\_\_  
 Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**

**EMERGENCY CONTACTS:** (Please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person in case the parent can't be reached.)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper's needs)

Does the student have any medical conditions, allergies, food allergies, or special needs the staff should know about? \_\_\_\_\_

Are you a participant in Educational Talent Search (TRIO)? \_\_\_ Yes \_\_\_ No

**SPECIAL NOTE: Participants must have transportation to and from Coahoma Community College.**

*Applications must be received by May 18, 2026 to your principal's office.*

*For more information, please contact Dr. Tony Newson at (662) 621-4202 or email at TNewson@CoahomaCC.edu*