COAHOMA
COMMUNITY COLLEGE

CAREER TECHNICAL EDUCATION
2025 STEM CAMP
June 9 – 13, 2025
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?_____

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

Applications must be received by May 16, 2025 to your principal's office.