Paris Junior College

CODING CAMP

RECEIPT OF APPLICATION DEADLINE
June 1, 2021

IMPORTANT: Please choose location of desired camp by checking the box in front of the location.

☐ Sulphur Springs
   June 21-25, 2021

☐ Greenville
   July 19-23, 2021

☐ Cooper
   June 28-July 2, 2021

☐ Clarksville
   July 26-30, 2021

☐ Paris
   July 12-16, 2021

☐ Quinlan
   August 2-6, 2021

Camp Information:
The Coding Camp is a one-week, no cost, day camp for students entering 6th grade, 7th grade, 8th grade or have completed the 8th during the 2020-2021 school year. Coding Camp is designed to provide computer coding/programming hands-on experiences that provide challenging and innovative concepts in learning, problem solving and analytical skills while fostering an interest in computer coding/programming. Prioritization of enrollment will be for foster youth, students with disabilities, students from low income families, and students from populations underserved in STEM.

The camp will be held on Monday through Friday. Students may be dropped off at 7:45 a.m. and picked up by 4:45 p.m. Camp hours are from 8:00 a.m. to 4:30 p.m. Transportation assistance is available upon request.

Application Process:
- Parent/Guardian and student completes requested information on the attached Student Application Form
- Parent/Guardian completes Permission, Medical & Media Release Form.

Please return the completed Student Application Form and Medical Information Form per previous instructions by the deadline of June 1, 2021. If all requested documents are not received by the deadline date, the application will not be considered. You will be notified if your child has been selected.

If you have questions or need additional information, please contact 903.782.0447 or mpotter@parisjc.edu.

Please be advised that submitting an application to the camp DOES NOT guarantee acceptance.
Paris Junior College
TEXAS WORKFORCE COMMISSION (TWC)
CODING CAMP
Coding Camp Course Locations

**Sulphur Springs – June 21-25, 2021**
Paris Junior College, Sulphur Springs Center
1137 East Loop 301
Sulphur Springs, Texas 75482
903.885.1232

**Greenville – July 19-23, 2021**
Paris Junior College, Greenville Center
6500 Monty Stratton Parkway
Greenville, Texas 75402
903.454.9333

**Cooper – June 28-July 2, 2021**
Cooper Junior High School
823 FM 1528
Cooper, Texas 75432
903.395.2111 ext. 3910

**Clarksville – July 26-30, 2021**
Title 1 Gym
1399 West Washington Street
Clarksville, Texas 75426
903.732.8660

**Paris – July 12-16, 2021**
Paris Junior College
Applied Sciences Building Room #142
2400 Clarksville Street
Paris, Texas 75460
903.782.0447

**Quinlan – August 2-6, 2021**
Butler Intermediate/Thompson Middle School
401 Panther Path
Quinlan, Texas 75474
903.356.1271
<table>
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<tr>
<th>Student’s SSN</th>
<th>Student’s Birthdate</th>
<th>Grade Completed</th>
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<table>
<thead>
<tr>
<th>Student’s Name (Last, First)</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Ethnicity:  ____ Black  ____ White  ____ Asian  ____ Hispanic  
            ____ American Indian  ____ Other

Gender:  ____ Male  ____ Female

School District / School Name of Grade Completed

Name of Courses Taken during the 2020-2021 academic year:
Mathematics:  \[\text{\ }] \]
Science:  \[\text{\ }] \]

Will Student Require Transportation Assistance?  ____ Yes  ____ No

Parent’s/Guardian’s Names

Parent’s/Guardian’s Phone Numbers (Please include a cell or work number)

Email Address

Parent’s/Guardian’s Signature
General Student Information – In order to make your child’s experience at Coding Camp the best possible, we would like some information from you. The camp staff will use the information to enhance your child’s camp experience.

- Does your child have any disabilities or special challenges? _____ Yes _____ No

- Does your child have any hobbies or special interests? _____ Yes _____ No

- Why do you want to attend Camp Code? Please ask student to fill out.

Size of Family Unit: ________________

Income:

- Less than or equal to $19,320
- Greater than $19,320 and less than or equal to $26,130
- Greater than $26,130 and less than or equal to $32,940
- Greater than $32,940 and less than or equal to $39,750
- Greater than $39,750 and less than or equal to $46,560
- Greater than $46,560 and less than or equal to $53,370
- Greater than $53,370 and less than or equal to $60,180
- Greater than $60,180 and less than or equal to $66,990
- Greater than $66,990
Student’s Name: ________________________________________________

PARIS JUNIOR COLLEGE
Coding Camp

The following people have permission to pick up my son/daughter. These contacts should be someone other than parent(s) or legal guardian(s).

Name: ____________________________
Relationship: [ ] Relative [ ] Neighbor [ ] Friend
Phone: ____________________________

Name: ____________________________
Relationship: [ ] Relative [ ] Neighbor [ ] Friend
Phone: ____________________________

Name: ____________________________
Relationship: [ ] Relative [ ] Neighbor [ ] Friend
Phone: ____________________________

Parent’s Signature: _______________________________ Date: ____________________

Student’s T-Shirt Size:

Adult
- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] X-Large
PARIS JUNIOR COLLEGE
Coding Camp
Permission, Medical & Media Release Form

________________________ has my permission to participate in Coding Camp sponsored by Paris Junior College.

PARIS JUNIOR COLLEGE CODING CAMP ATTENDANCE POLICY:

Students are required to attend all five (5) days of Coding Camp.

Student Signature: ____________________________________________________________ Date: __________

Parent/Guardian Signature: _____________________________________________________ Date: __________

Please initial next to each statement:

_____ I understand photos/videos may be taken for marketing purposes. I give permission for my child’s photo to be used in such.

_____ I understand Paris Junior College is not responsible for any items (i.e. clothing or money) my child may bring to class.

_____ I have discussed inappropriate behavior with my child and am aware inappropriate behavior will result in removal from the program.

EMERGENCY INFORMATION: If I cannot be reached to make plans for emergency medical care for my child, I give my permission for Paris Junior College to take my child to (hospital) ___________________, (Dr.)__________________.

RELEASE OF LIABILITY STATEMENT

I state that I assume full responsibility for any accident or personal injury that might befall my child due to participation in Coding Camp activities. I assume this responsibility with full acceptance of the risks, known and unknown to me at this time. I further state that my child has no known health problems, conditions or concerns which may preclude them from safe participation in a classroom/physical activity program, and agree to inform the instructor of any minor concerns which may develop. I hereby hold harmless and release Paris Junior College from all liability arising out of any injury, loss, claim or damage which may be sustained by my child due to participation in Coding Camp activities. Child’s known allergies or significant medical history:

________________________________________________________________________________________________________

I state that I have read this document, agree with its terms and I am signing this contract voluntarily.

Relation to Student: __________________________ Date: ______________

Signature: ____________________________________________________________________________________________
PARIS JUNIOR COLLEGE
Coding Camp

PARTICIPANT MEDICAL INFORMATION AND RELEASE FORM

Student’s Name: __________________________________________________________

Date of Birth: ___________________________ Gender: □ Female □ Male Age: ______

If your child will be taking prescription or over-the-counter medications during camp, the following page must be taken to your child’s doctor for his/her signature.

- Is the student being treated with any medications? _____ Yes _____ No
  If yes, please list the prescription medication(s) in the chart below.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>PURPOSE</th>
<th>DOSAGE</th>
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Please list any non-prescription (over-the-counter) medications the student is taking or is permitted to take during camp.

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Doctor’s approval is needed for prescription and over-the-counter drugs. Please have doctor sign below.

Physician’s Signature: ___________________________________________ Date: __________

All medications must be in the original container. The pharmacy label must be attached and clearly legibly for prescription drugs. Only include enough medication for the time the student will be attending Coding Camp. Parents must also supply over-the-counter medications in original bottles with labeled directions. The camp does not provide over-the-counter medications to campers. All medications must be turned in when the student checks into the camp each day.