# 

### BLAST DETROIT YOUTH SUMMER 2018 CODING BOOTCAMP

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | First |  | | | | | | M.I. | | | Date | |  | |
| Street Address | | |  | | | | | | | | | | | | Apt # | | | | |  | |
| City | |  | | | | | | State |  | | | | | | ZIP |  | | | | | |
| Phone | |  | | | | | | E-mail Address | |  | | | | | | | | | | | |
| Date of Birth / / / / | | | | | | | | | | | | | | | | | |  | | | |
| Do you have any allergies | | | | | | | YES | NO | Do you need help with Math | | | | | | | | | | YES | | NO |
| Do you get along with other kids | | | | | | | YES | NO |  | | |  | | | | | | | | | |
| Skills/Interests | | | | | | |  |  |  | | |  | | | | | | | | | |
| Availability: | | | | | | | 1-3 pm | 4-6pm | Mon-Fri | | |  | | | | | | | | | |
| Parents Name: | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | |
| School Attend |  | | | | | | |  |  | | | | | | | | | | | | |
| Grade | |  | |  |  |  | | YES | NO | |  | |  | | | | | | | | |
|  | |  | | | | | |  |  | | | | | | | | | | | | |
| Special ED | |  | |  |  |  | | YES | NO | |  | |  | | | | | | | | |
|  | |  | | | | | |  |  | | | | | | | | | | | | |
| Foster Care | |  | |  |  |  | | YES | NO | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Parent Occupation: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  I understand that false or misleading information in my application may terminate may terminate my child from the camp | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | Date | | |  | | | | |