



Lakeland Community College STEAM Camp Registration Form

Today's Date: _____

Child's Name		
Birth Date	Age (years & months)	Gender
Parent's Names		
Address (street, city, zip code)		
Telephone #'s	Work:	
Home:	Cell:	
Email:		
Enrolling for the following:		
<input type="checkbox"/> June 6-10	Space	
<input type="checkbox"/> June 13-17	The Great Outdoors	
<input type="checkbox"/> June 20-24	Ocean	
<input type="checkbox"/> June 27-July 1	STEAM in our Community	

How did you find out about our summer enrichment camp?

Does your child have any health problems that may be of concern?

<p>Please return forms to:</p> <p>Teaching / Learning Center 7700 Clocktower Drive Kirtland, OH 44094- 5198 Robin Ray, r-ray@lakelandcc.edu</p>
