



# Summer Tech Camp

## June 17-21, 2019

**Open to students entering 7th, 8th or 9th grades in the fall. Explore 10 hands-on activities in one week!**

### Examples of past camp activities include:

- Basic welding;
- Forces of flight;
- Photography;
- Making homemade pasta;
- Basic engine operation;
- Basic direct current circuits;
- Community service;
- Micro computer programming;
- Health and wellness;
- Building toy catapults;
- and more!

### HACTC Camp Schedule:

**Monday:** 8:15am-12:30pm  
**Tues - Fri:** 8:45am-12:30pm

#### Monday only:

8:15-8:40am: Arrival & Registration  
8:40-9:00am: Welcome & Icebreakers

#### Monday - Friday:

Activity Block 1: 9:00am - 10:30am  
Snack/Break: 10:30am - 10:45am  
Activity Block 2: 10:45am - 12:20pm  
Depart HACTC at 12:30pm

On Friday, we will provide campers with pizza before departing!

**Please complete and return the camp application form on the back of this flyer with the \$30 camper fee.**

# 2019 HACTC Summer Tech Camp Application

Student Name: \_\_\_\_\_ Gender: M F  
Current School: \_\_\_\_\_ Grade (as of Sept. 2019): 7th 8th 9th  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

1. Parent/Guardian Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

After camp, my child will (circle one): Take the bus Be picked up Other: \_\_\_\_\_

In case of emergency, contact:

1. Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Does student have allergies? Yes No If yes, to what: \_\_\_\_\_

Does student carry an Epi-pen? Yes No

Please list all medications student takes: \_\_\_\_\_

Does student have a chronic illness or other medical condition that camp staff should be aware of? Yes No  
If yes, please indicate here: \_\_\_\_\_

Please describe any educational or behavioral support your child receives at school that would be helpful for our instructors to understand, such as IEP or 504 concerns: \_\_\_\_\_

I authorize HACTC to seek medical attention for my child in the event of an emergency. Yes No

I grant permission to HACTC to photograph/videotape my child while at camp for any media publication.

Yes No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HACTC does not discriminate on the basis of race, creed, national origin, religion, sex, disability or sexual orientation.

**Enrollment is limited - register today! Please return application and \$30 fee to:**

Jennifer Thygesen, Outreach Coordinator, HACTC, 1 Gifford Road, White River Junction, VT 05001

**Make checks payable to:** Hartford Area Career & Technology Center

Questions? Call 802-295-8630 or email [thygesenj@hartfordschools.net](mailto:thygesenj@hartfordschools.net)

*Please note: students are not considered enrolled in camp until we receive both the application and \$30 fee.*