



5th & 6th Grade Annual PAL Summer Camp North



- Drop off/Pick up locations:** Host: Conroe High School 9th Grade Campus
 SS1: Washington Junior High
 SS2: Houston Elementary

Date/Hours: July 11th - 14th • 8:00 a.m. – 3:00 p.m.

Who can attend: Any student currently enrolled in CISD 5th or 6th grade (16-17 school year).

Registration: *Space is limited and applicants will be accepted on a first come, first serve basis.*

1. Fill out your child’s registration form completely and return the form to the office of your child’s school by June 1, 2017. Or mail to the: Conroe ISD Police Department - 2900 N Loop 336 E • Conroe, Texas 77301 No later than July 1, 2017.
2. CISD Police Department will contact you by phone and/or email to confirm your child’s registration
3. If you have not heard from us by July 1, 2017 please contact either of your camp directors below:

Camp Director: Officer Brandy Walker
Cell: 936-672-0593
Email: brawalker@conroeisd.net

Camp Co-Director: Officer Kim Kidwell
Cell: 936-672-0104
Email: kkidwell@conroeisd.net

4. If your child is enrolled and not able to attend, please contact our office so that another child may take their place. Space is limited.

Important Information for Our Camp

Transportation: We do not pick up or drop off every child in front of their home. Instead we have a “satellite” school where a student can be dropped off in the mornings and picked up in the afternoons.

The PAL Summer Camp will be held at Conroe High School 9th Grade Campus. Other than the Conroe High School 9th Grade Campus, you will have the option to drop off or pick up your child at two additional locations. These campuses are Washington Junior High or Houston Elementary. For the drop off and pick up times for each campus please see the following list:

Drop-off times:	Pick-up times
Conroe High School 9th.....7:00 a.m. – 8:00 a.m.	Conroe High School 9th.....3:00 p.m.
Washington Junior High.....7:00 a.m. – 7:45 a.m.	Washington Junior High.....3:00 p.m.
Houston Elementary7:00 a.m. – 7:45 a.m.	Houston Elementary3:00 p.m.

Please be aware that we do not provide breakfast for the students.

Check us out on Facebook: <https://www.facebook.com/Conroe.ISD.PAL>

In the past we have had several parents inquire how they can make a donation to the Conroe ISD PAL program. Anyone who would like to donate funds for our PAL program can do so by cash, check or money order made payable to Conroe ISD PAL.

The funds can be mailed to: Conroe ISD Police Department
2900 N. Loop 336 E • Conroe, Texas 77301
(936) 709-8901

- Remember:**
- All registration applications must be completely filled out and signed by parent and student.
 - All emergency information must be accurate and up to date.
 - As always, we look forward to a wonderful fun-filled summer PAL camp. We hope to see you there.



Drop off/Pick up Location <i>(check one)</i>	Site	Drop off	Pick up
<input type="checkbox"/>	Host Campus: Conroe High School 9th	7:00 a.m. – 8:00 a.m.	3:00 p.m.
<input type="checkbox"/>	Satellite Site 1: Washington Jr. High	7:00 a.m. – 7:45 a.m.	3:00 p.m.
<input type="checkbox"/>	Satellite Site 2: Houston Elementary	7:00 a.m. – 7:45 a.m.	3:00 p.m.

Student Information *(please print)*

Last name _____ First _____ Middle _____

Grade Level in 16-17: 5th 6th Shirt Size *(check one)* Adult sizes: Small Medium Large XLarge

Height _____ Weight _____ Hair Color _____ Eye Color _____ Birth date _____ Age _____ Sex M F

Race White Black Hispanic Middle Eastern Asian Other _____

Address: Same as primary guardian

Street address _____ City _____ State _____ Zip _____

Phone numbers: Home _____ Alternate - Cell Work Other _____

Medical/Health Information

Family Physician: _____ Physician phone no. (_____) _____

Allergies: _____

Illness(es) or conditions *(Any health problems we should be aware of):* _____

Medications and dosage: _____

Primary Guardian Information *(Primary contact)*

Languages spoken: *(check all that apply)* English Spanish Other: _____

Mr. Mrs. Miss Ms. _____

Last name _____ First _____ Middle _____

Marital status *(check one)* Single Married Divorced Separated Widowed

Address: _____

Street address _____ City _____ State _____ Zip _____

Phone numbers: Home _____ Alternate - Cell Work Other _____

Email address: _____

Relationship to student: Mother Father Grandparent Sibling Friend Other: _____

Additional Guardian Information *(Secondary contact)*

Languages spoken: *(check all that apply)* English Spanish Other: _____

Mr. Mrs. Miss Ms. _____

Last name _____ First _____ Middle _____

Marital status *(check one)* Single Married Divorced Separated Widowed

Address: _____

Street address _____ City _____ State _____ Zip _____

Phone numbers: Home _____ Alternate - Cell Work Other _____

Email address: _____

Relationship to student: Mother Father Grandparent Sibling Friend Other: _____

Emergency Contact Information (Not living at the same address)

Languages spoken: (check all that apply) English Spanish Other: _____

Mr. Mrs. Miss Ms. _____
Last name First Middle

Marital status (check one) Single Married Divorced Separated Widowed

Address: _____
Street address City State Zip

Phone numbers: Home _____ Alternate - Cell Work Other _____

Email address: _____

Has this person been informed that they will be listed as your emergency contact? Yes No

Does this person have their own transportation? Yes No

Occupation: _____ **Employer:** _____ **Work phone:** _____

Relationship to student: Mother Father Grandparent Sibling Friend Other: _____

I authorize this person to make decisions regarding the welfare of my child to include specifically medical decisions during emergency situations.

Parent/Guardian signature

Date

Authorized Pick Up Persons (Other than those already listed)

Full name	Relationship to student	Driver's license number	Phone number		
			Cell	Work	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent/Guardian signature

Student signature

Date

For Office Use Only:

Received by: _____

Received date: _____