



# 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 12th - 15th • 8:00 a.m. – 3:00 p.m.

**Who can attend:** Any student currently enrolled in CISD 5th or 6th grade (15-16 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, 2016. Or mail to the: Conroe ISD Police Department - 2900 N Loop 336 E • Conroe, Texas 77301 No later than July 1, 2016.
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, 2016 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 Christina Thomas Flynt  
**Cell:** 936-672-3018  
**Email:** cthomasflynt@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:**

Conroe High School 9th.....7:00 a.m. – 8:00 a.m.  
 Washington Junior High.....7:00 a.m. – 7:45 a.m.  
 Houston Elementary .....7:00 a.m. – 7:45 a.m.

**Pick-up times**

Conroe High School 9th.....3:00 p.m.  
 Washington Junior High.....3:00 p.m.  
 Houston Elementary .....3:00 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.



<b>Drop off/Pick up Location</b> <i>(check one)</i>	<b>Site</b>	<b>Drop off</b>	<b>Pick up</b>
<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 15-16:**  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: \_\_\_\_\_