



99 Clinton Street • Schenectady, NY 12305

www.scpl.org

Teen Writing Camp Registration Form

"WRITE A UNIVERSE OF STORIES"

Monday, July 15th – Friday, July 19th, 2019

9:30am – 3:00pm

FOR KIDS ENTERING GRADES 6-9

Participant's Name _____

Address _____

Phone _____ Email _____

Grade entering Fall 2019 _____ School _____

Has this student attended the summer writing camp before? _____ If YES, when _____

Emergency Contacts

Name _____ Day Phone _____

Relationship to student _____ Cell Phone _____

Name _____ Day Phone _____

Relationship to student _____ Cell Phone _____

Please list any special needs (wheelchair access, food allergies, health restrictions, etc)

Are you able to drive students in your car to a local field trip? _____ If YES, how many? _____

I give _____ permission to participate in the Teen Writing Camp at the Central Library of the Schenectady County Public Library and to participate in one or more local field trips.

Parent/Guardian signature _____ Date _____

Confirmation sent by email. Preferred email _____

Registration forms will be accepted thru June 27 at 7:30pm.

They may be hand delivered to any SCPL location, or emailed as an attachment to kwallman@mvls.info. Questions? Call Kaela Wallman at 518.388.4513.

For library use: Date Submitted _____ Time _____ Initials _____