



**CROSSROADS
COLLEGE PREPARATORY
SCHOOL**

500 DEBALIVIERE AVENUE
ST. LOUIS, MISSOURI 63112
TEL 314.367.8085 FAX 314.367.9711
WWW.CROSSROADSCOLLEGEPREP.ORG

**STEM Summer Camp Registration
Grades 6 through 9**

Student's Name _____ Grade _____
Address _____ City _____
Parent or Guardian Name _____ Day Phone _____
E-mail _____ Alt Phone _____

Emergency Contact Information:

Name: _____ Day Phone _____

_____ All Day STEM Camp: June 19 - 23 (9:00am – 4:00pm)	\$250
_____ Optional Lunch: June 19 – June 23 *	\$ 25
*Food allergies _____	
TOTAL DUE	\$ _____

SCHOLARSHIPS: A limited number of partial scholarships are available. Contact Allison Barudin at 314-367-8085 for more information.

Please send registration form and check (make checks payable to “**Crossroads College Prep School**” and write “STEM Summer Camp” in the subject line) to Lisa Straub: Crossroads College Prep School, 500 DeBaliviere Ave., St. Louis, MO 63112

We (I), hereby request that you accept the application for enrollment of _____ (Student) in the Crossroads’ Summer Camp during the dates set forth in this application. We (I) hereby release and waive any claims that may arise against Crossroads, its officers, trustees, and employees from any liability, including but not limited to personal injury or property loss or damage arising directly or indirectly out of Student’s participation in the summer camp. We (I) agree to indemnify and hold Crossroads, its officers, trustees, and employees harmless from any and all such liability or claim from damages.

We (I) hereby consent and authorize Crossroads to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of Student, if he or she is injured in the course of the summer camp.

Parent/Guardian Signature _____ Date _____