

## Monadnock Region Health Careers Camp Application

Application Deadline: June 15

Learning to care for others

Note: This is not a school sponsored activity.

NAME	Last	First	Middle		Today's Date	
Address Street (and mailing address, if different)					Telephone Number	
City		State	Zi	р	Date of Birth	
What school do you currently attend?					Grade:	
School Nurse Name: School Counselor Name:						
Tell us abou	ıt your family.					
Parent/Guardian Name: Occupation:						
Parent/Guardian Name: Occupation:						
Are any of your siblings applying for health careers camp? NO YES (list names below)						
Do any of your family members work in healthcare? No Yes						
If yes, what do they do?						
Tell us abou	t your favorite	t <b>hings</b> . What is yo	ur favorite book? _		TV Show?	
Favorite movie? Favorite out of school activity?						
What do you	ı like best about	: School?				
,						
What is your	r favorite subjec	+2				
vviiat is your	Tavortie subjec	<b>.</b> :				
			_			

What are your other interests and/or hobbies?

In the space below, please explain in 100 words or less, in your own handwriting,						
why you are interested in attending Health Careers Camp.						
Parent/Guardian permission:						
I hereby give my permission for my child to be considered for Health Careers Camp. I understand that if						
my child is selected for camp, I will need to complete a health history form supplied by Health Careers Camp or						
provide a current physical examination report.						
Signatura						
Signature: Date:						

Application Deadline: June 15th. Return application to: Cathy Gray, Cedarcrest Center, 91 Maple Avenue, Keene, NH 03431

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