

# Mathematical Pizza

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions/Allergies:

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**Absence Policy:** Only one absence will be allowed. Too many absences will result in immediate dismissal.

**Student Agreement:**

By submitting this application, I understand that if I am accepted into this summer program, I will be required to show the same respect and discipline that is expected of me during regular school days. Any behavior problems and or absences may result in immediate dismissal.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Agreement:**

By submitting this application, I understand that if my child is accepted into this summer program, I will have my child here at Alamo at the time designated and I will pick up my child in a timely manner. I also understand that my child will be required to show the same respect and discipline that is expected of them during regular school days. Any behavior problems and or absences may result in immediate dismissal.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Policy:** Please remember that this summer camp was created to provide students the opportunity to excel and learn math through cooking. There will only be 20-25 students that will be given the opportunity to experience this camp. Please do not turn in this application if you and your family are planning on being out of town or vacation during the camp days. If someone signs up to come and is absent several days, then they will be taking a spot from someone else who would have like to have the opportunity to attend summer camp. If your child is sick, please do not send them to camp. There is no nurse available and if they come sick, you will be contacted to come pick them up.