



YWCA Lancaster TechGYRLS Registration Packet

TechGYRLS is a hallmark program of the YWCA that is geared toward girls ages 9-14, to encourage them to become interested in historically non-traditional careers that are high in pay and underserved by women, in the fields of science, technology, engineering, and math (STEM). The YW has a wonderful collaboration with Thaddeus Stevens College of Technology to offer girls the opportunity to learn, explore, and experience hands-on activities related to graphic design, carpentry, plumbing, electronics, and other STEM related fields.

This two week camp will be on the campus of Thaddeus Stevens College and at the YWCA, with the YW providing transportation between the two locations. Campers will create and program robots using LEGO Mindstorms software and technologies. They will also research, write, film, and edit a public service announcement/commercial of their choosing. Campers will venture out on exciting STEM related field trips in the community several days during the camp, with the YW providing transportation as well. These locations include streams, labs, museums, factories and more!

Camp Dates: Please mark “1” as a first preference for the two week camp sessions; mark “2” as your second preference. Campers will be chosen for sessions based on a first come first serve basis. Each session of camp accommodates 12 girls.

Session 1: June 18-29 Option _____

Session 2: July 9-20 Option _____

Session 3: July 23-August 3 Option _____

Session 4: August 6-17 Option _____

Camp Times: TechGYRLS occurs Monday through Friday for two weeks. Each day will begin at the YWCA Lancaster at 9:00am (check-in is from 8:30-9am). Camp will end at the YWCA at 5:00pm (check-out is from 5-5:30pm). Additional pick-up/drop-off locations may be added, based on geographical information. Parent(s)/guardian(s) will be informed if additional pick up and drop off locations are added.

Camp Cost: \$300.00 for one two week session (sliding scale fees are available; if this is needed, please contact Brittany Leffler at the information listed below).

Contact: Please return completed registration packets to YWCA Lancaster Attn: Brittany Leffler, 110 N Lime Street Lancaster, PA 17602. Forms can also be faxed to 717.391.6707, Attn: Brittany Leffler. Scanned versions are also acceptable; please send to bleffler@ywcalancaster.org. Please email or call with any questions! (717.393.1735, ext. 260).

TechGYRLS Registration 2018:

***Please print legibly**

Camper Name: _____

Address: _____ City: _____

School District: _____ Zip Code: _____

Parent(s)/Guardian(s): _____

Phone/Cell (for both adults if more than one is listed): _____

Primary email: _____

Any special medical conditions, allergies, or medicine that staff should be aware of?

Check YES or NO If yes, please explain:

In case of emergency and parent(s)/guardian(s) cannot be reached please contact:

Name of emergency contact: _____

Relation to child: _____ Phone/Cell: _____

Lunch Options (check one):

_____ Yes, camper will be participating in the free bagged meal plan (M-F)

Any food allergies or dietary restrictions? _____

_____ No, camper will be packing lunch (M-F)

Consent:

I give camper _____ permission to participate in the TechGYRLS summer camp program. I will transport her to the designated drop-off/pick-up location on time. She has my permission to be transported from the YWCA Lancaster to Thaddeus Stevens College of Technology, and to any camp related field trips. I am aware that she will spend half of each day at YWCA Lancaster and half of each day participating in activities at Thaddeus Stevens College of Technology.

Parent/Guardian Signature: _____ Date: _____

Medical Release:

I give the YWCA Lancaster permission to share the camper's emergency contact/parental consent form with the on-site medical personnel at Thaddeus Stevens College of Technology. This exchange of information is for the purpose of providing comprehensive medical attention should the need arise.

Camper Name: _____

Parent/Guardian Signature: _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & .182, 3280 124 (a)(b), 3280.181 & .182: 3290.124 (a)(b). 33290.181 & .182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE