

Geometry Math Camp

Student Name: _____ Grade entering for 20/21 school year _____

Parent Name(s): _____

Home Address: _____

Email Address: _____

Phone numbers: _____

Emergency Contact in case we cannot reach a parent: _____

School Attending _____ Average 6 week math grade: _____

On a scale of 1 – 5 with 1 being “not at all” and 5 being “very much” please rank the following areas for you student’s “mathability.”

_____ Confidence _____ Content knowledge _____ Ability to finish on time

Food allergies or other medical conditions we would need to be aware of: _____

Has your student ever been diagnosed with any condition which would impact their ability to process information, communicate answers or stay attentive? _____

Is there anything else you would like for the TEC staff to know about your student?

RELEASE OF LIABILITY: I hereby agree to be responsible for the conduct and actions of my child/children and to release Texas Educational Consultants (TEC) from any claims and demands that may occur during participation in any TEC session held on or off premises. Furthermore, I agree to release TEC and its employees and will hold them harmless from any liability which may arise from incidents or accidents involving my child/children and myself while on TEC premises, to the extent allowed by law.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Child/Children’s Name(s) _____ Date _____

Thanks for sharing just a little bit of your child’s success with us! We look forward to a wonderful and productive summer! Please complete this form and return along with a check for either the deposit of \$50 or the total cost of \$130 to: Texas Educational Consultants
15818 Mueschke Rd. Cypress, TX 77433