



Community Engagement Summer Camp Registration Application

Please return completed application to Hope's Lesko Discovery Center:
650 W. International Airport Rd., Anchorage, AK 99518
discoverycenter@hopealaska.org | (907) 433-1700

Camper Information

First Name	Last Name	Age	Gender

Mailing Address	City	State	Zip Code

Primary Language	Accommodations or support services required during their time at Summer Camp (if applicable)

Camper's Mobility

Ambulatory Walker Wheelchair Other:

Camper's Level of Supervision Needed

Minimal Moderate Extensive 1:1

Please list any health/medical conditions or concerns we need to be aware of (e.g. allergies, dietary restrictions, medications, adaptive equipment needed, etc.).

If the Camper requires any behavioral supports, please specify what the needs are.

What do you hope your Camper will gain from this experience through Hope's Community Engagement Summer Camp?

- Which Summer Camp weeks would you like your Camper to attend? Select all that apply.
- | | |
|---|--|
| June 3 - June 7: Movin' and Groovin' | July 8 - July 12: Ceramics OR Dance |
| June 10 - June 14: Wild on Wildlife | July 15 - July 19: Ceramics OR Dance |
| June 17 - June 21: Splash Splash | July 22 - July 26: Everything Flight |
| June 24 - June 28: Animals of Service | July 29 - August 2: Olympics Week |
| July 1 - July 5 (closed July 4): Alaska History | August 5 - August 9: Celebrate Individuality |

Legal Guardian Information

<i>First Name</i>	<i>Last Name</i>	<i>Role/Relationship to Camper</i>	
<i>Mailing Address (if different than camper)</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Email Address</i>		<i>Phone Number</i>	<i>Preferred form of communication</i>
			Email Phone

Are you in need of financial aid for the cost of Summer Camp? Yes* No

*If yes, please complete the 'Hope Summer Camp Financial Aid Application' form and submit it to the Lesko Discovery Center along with this Registration Application form. To request the Financial Aid Application, call 907-433-1700.

Emergency Contact Information

<i>First Name</i>	<i>Last Name</i>	<i>Role/Relationship to Camper</i>	
<i>Mailing Address</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Email Address</i>		<i>Phone Number</i>	<i>Secondary Phone Number</i>

I acknowledge that the information provided on this Registration Form is true and accurate to the best of my knowledge. I agree to notify Hope's Community Engagement Team promptly of any changes to the information provided.

_____ _____ _____
 Full Name Signature Date

To submit this application, download this PDF, complete the above fields, then click the 'Submit Form' button below.