



**BISMARCK  
PUBLIC SCHOOLS**

**CAMP EDVENTURE 2025  
Bismarck Public Schools FORM  
June 2nd – 27th, 2025**

One CampED registration form per student, signed by parent or legal guardian for the full 4-week session – deadline March 28, 2025

<b>Student Name:</b>		<b>Date of Birth:</b>	
<b>Grade Entering Fall 2025:</b>	1   2   3   4   5	<b>Gender:</b>	Male   Female
<b>Address:</b>			
<b>Parent/Guardian Name:</b>		<b>Daytime Phone:</b>	
<b>Emergency Contact:</b> (If parent/guardian is unavailable)		<b>Relationship:</b>	
		<b>Phone Number:</b>	
<b>School child currently attends:</b>			
<b>School you would like your child to attend for CampED:</b>			

Complete this section to prepare our staff to meet any learning or health needs of your child.

<b>Does your child have the following learning plans in place?</b>			
<b>Special Education IEP?</b>	Yes   No	<b>504 Plan</b>	Yes   No
<b>Behavior Plan?</b>	Yes   No	<b>Health Care Plan?</b> <i>(this doesn't mean health insurance)</i>	Yes   No
<b>Does your child have daily medication needs? (When possible, medications should be given a home.)</b>			
<b>Medication needs for CampED? (8am – 1pm)</b>	Yes   No	<b>Name of Medication:</b>	
<b>Does your child need emergency medications at school? (If yes, please ensure this item is at CampED.)</b>			
<b>EpiPen?</b>	Yes   No	<b>Inhaler?</b>	Yes   No

**Return this completed registration form to your child's school office. Deadline: March 28, 2025**

**Registration Note:** Beginning in March, all families will receive an email/text confirming your child's CampED registration. These electronic confirmations will be sent on a weekly basis through the end of March. After registering, if circumstances change requiring your child to be withdrawn, please notify your child's school as soon as possible so that a child on the waiting list can be placed.

Please contact your school office if you have any questions.

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

*The Bismarck Public School District does not discriminate on the basis of race, sex, color, national origin, religion, age or disability in admission or access to, or treatment or employment in, its programs and activities. To obtain this material in an alternate format, contact Matthew Guenther, Principal, at 701-323-4280 or a TTY Relay Service at 711 or 1-800-366-6888.*

**FOR OFFICE USE ONLY**      **Initials of Recorder:** \_\_\_\_\_      **Date received:** \_\_\_\_\_      **Student ID:** \_\_\_\_\_