



Middle school students will be introduced to the exciting world of forensic science. They will learn current forensic techniques, perform experiments, and uncover secrets about crime investigations. Students will explore and examine physical evidence that could be found at the scene of a crime and solve a real mystery.



**Middle School **STEAM**<sup>2</sup> Academy Registration**  
**Summer Camp PERSONAL/HEALTH DATA FORM**  
**June 23rd - June 26th**  
(Monday-Thursday at Parkland High School, No Friday)

PLEASE PRINT CLEARLY

**REGISTRATION**

**STUDENT'S NAME:** \_\_\_\_\_

**GRADE COMPLETED (2024-2025) SCHOOL YEAR:** \_\_\_\_\_ **School:** \_\_\_\_\_

**PARENT'S EMAIL:** \_\_\_\_\_

**All Sessions will be held the week of June 23rd through June 26th**

☐ ~~Session 1: STEAM<sup>2</sup> Level 1 (AM Session)~~

☐ Session 2: Amazing Brain (AM Session)

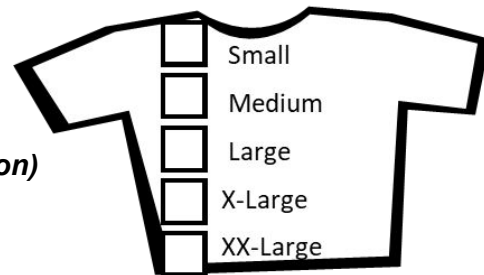
☐ Session 3: Makerspace (AM Session)

☐ Session 4: Future Innovators: Coding & AI for a Better Tomorrow (PM Session)

☐ Session 5: Video Production (PM Session)

☐ Session 6: Forensic Science (PM Session)

Please Indicate Adult T-shirt Size



**PLEASE NOTE: This camp is for Parkland Students who completed 6th-8th grade in the 2024-2025 School Year.**

**\*\*\*NO EXCEPTIONS WILL BE MADE\*\*\***

**PLEASE FILL OUT THE MEDICAL PORTION AND MAIL ALONG WITH REGISTRATION AND CHECK.**

**Please include a check in the amount of \$50 per student, per session**

Make check payable to the "Parkland School District" and mail to:

Parkland School District, Attn: Jessica L. Miller, 2219 N. Cedar Crest Blvd, Allentown, PA 18104

**MEDICAL/HEALTH:**

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_ **NUMBER DURING CAMP:** \_\_\_\_\_

**LIST ANY SPECIFIC MEDICAL CONDITIONS YOUR CHILD MAY HAVE:** \_\_\_\_\_

\_\_\_\_\_

**LIST ANY FOOD AND/OR MEDICAL ALLERGIES YOUR CHILD HAS:** \_\_\_\_\_

\_\_\_\_\_

IN THE EVENT OF ILLNESS OR AN EMERGENCY, PLEASE LIST THE PERSON YOU WOULD LIKE CONTACTED FIRST AND THEN AN ALTERNATIVE CONTACT PERSON. PLEASE BE SURE TO **PRINT** THEIR FULL NAME AND TELEPHONE NUMBER.

**EMERGENCY CONTACT 1:** \_\_\_\_\_  
Name Phone Number

**EMERGENCY CONTACT 2:** \_\_\_\_\_  
Name Phone Number

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_