

CPSB TECH DEPT. PRESENTS....

Making Magic Happen with Technology
TECH CAMP 2024

This camp is open to students entering 2nd - 10th grade in Fall 2024

July 15-19, 2024

8:30am - 3:00pm daily

Technology Training Center

1724 Kirkman Street

Lake Charles, LA 70601

All camp participants will receive an iPad 9th generation. Students will experience a full week of hands-on learning while creating and coding projects, utilizing 3D printers, programming robots, and exploring tools and apps on their iPad led by the CPSB Technology Training Staff. Original student-created products will be published to the web.

The cost of tuition, \$475.00 per child, will provide an iPad 9th generation, an iPad case to keep, a camp t-shirt, daily snack, and a week full of activities and instruction. A monthly payment plan is available. For information on camp scholarships, see your school administrator. (Scholarships are very limited.)

Student slots at camp are limited. All places may be filled before May 3rd. Camp enrollment is first come, first admitted....REGISTER EARLY.

**For questions call:
337.217.4120, ext. 1003**

**Payment Information:
Make checks payable to: CPSB Tech Camp
Mail to:
Joyce Hemker - Tech Dept.
1724 Kirkman St.
Lake Charles, LA 70601**

CPSB Tech Camp 2024 Registration Form

Tech Camp 2024 will be held July 15-July 19. It is open to students who will enter grades 2nd -10th during the 2024-2025 school year. The inclusive fee of **\$475.00** covers tuition, an iPad 9th generation, an iPad case, daily snack, and a camp t-shirt.

Camp enrollment will be filled on a **first-come, first-admitted basis** with **limited registration**. Registration is open now; places fill quickly, so please register your child today!

Application, AUP policy and student emergency contact sheets with a deposit of **\$175.00** per child are due no later than **Friday, May 3, 2024. (Deposit must accompany this registration form.)** The remaining **\$300.00** balance is due by **Friday, May 24, 2024. Deposit and tuition are non-refundable, no exceptions.** Student slots at camp are limited. All slots may be filled before May 3. Checks or money orders (no cash accepted) should be made **payable to CPSB Tech Camp**.

***We are offering a payment plan. If you choose the payment plan, you must follow the payment schedule below:**

- \$175.00 due on or before Friday, March 1, 2024
- \$100.00 due Friday, April 8, 2024
- \$100.00 due Friday, May 3, 2024
- \$100.00 due Friday, May 24, 2024

Complete the form below, and mail it with your **\$175.00 non-refundable deposit**
(money order or check only - **no cash accepted**) per camper by **May 3rd** to:

CPSB – Tech Camp

Attention: Joyce Hemker

1724 Kirkman St. Lake Charles, LA 70601

Camper Name: _____ Gender: _____ Age: _____

Address: _____

City, State, Zip: _____

School: _____ Homeroom Teacher: _____ Grade Completed (2023-2024) _____

Home Phone: _____ Parent Email Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Phone Numbers

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

The CPSB Tech Camp staff WILL NOT dispense any medications to students during camp – no exceptions. If your child must take any medications, it is the responsibility of the parent/guardian to make arrangements for your child to receive prescribed medications during the dates and times of camp. Tech camp staff will not be able to disseminate medicine.

The camp is not responsible for personal belongings that are lost or damaged by casualty, theft, etc. This includes damage to your camper's iPad. The camp has the right to dismiss any individuals due to illness or if their actions or attitudes are detrimental to the best interest of the camp. No refunds will be given upon such dismissal. Campers' parents will be charged for facilities damaged by campers. In case of illness or accident, the camper shall have immediate and competent care. All such expenses will be billed to the camper's medical plans and/or parents.

Parent/Guardian Signature: _____ Date: _____

Circle the Camper's T-Shirt Size:

Child: S M L Adult: S M L XL XXL