

National Center for Health Statistics

Data Detectives Summer Camp 2017

Parent Application Form

NOTICE - Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

Assurance of Confidentiality - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m(d)).

Applicant Information

Last Name: [] First Name: [] MI: []
Home Address: []
City: [] State: [] Zip: []
Birthdate: []

Current Grade Level: 5th grade, 6th grade

Gender: Male, Female

T-shirt size: Youth Small, Youth Medium, Youth Large, Youth X-Large, Adult Small, Adult Medium, Adult Large, Adult X-Large

How did you find out about this program?

- checkbox School Counselor checkbox Science/Math Teacher
checkbox Internet checkbox Summer Program Fair
checkbox Other (please specify): []

Current School Information

Name of School:

School Town/City:

School State:

School Zip:

Parent/Guardian Information

Parent/Guardian Name:

Mobile Phone Number:

Daytime Phone Number:

*** Email Address:**

* Please provide an e-mail address that you check frequently. We will be sending you updates and announcements regarding your application.

What is your child's current statistical / math knowledge and interest?

What would you like your child to gain from this camp? What are your expectations of this camp?

____ I acknowledge that I am the parent/guardian and by checking this box, I confirm that the information included is accurate to the best of my knowledge.