

National Center for Health Statistics

Data Detectives Summer Camp

Parent Application Form

From the Office of Management and Budget (OMB No. 0920-1185, Expiration Date: 03/31/2026):

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Applicant's last name Applicant's first name Applicant's middle initial

Parent or Guardian Information

This section is to be completed by the parent or guardian of camp applicant.

Last name First name Middle initial

Primary phone number: _____

Alternate phone number: _____

Email address*: _____

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

How did you find out about this camp?

School counselor Science or Math Teacher Internet Summer fair
 Other, please specify _____

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

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

Please check off the line below if you agree with the following statement:

I acknowledge that I am the parent/guardian and I confirm that the information included is accurate to the best of my knowledge.