National Center for Health Statistics

Data Detectives Summer Camp

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

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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-1185).

Parent Application Form

_____ _____ _____

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.