



SUMMER@CARROLL

# Technology, Engineering and Design Program

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent 1/Custodial (print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent 2 (print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

## Educational Information

Current School \_\_\_\_\_

School Address \_\_\_\_\_

1. Write a brief description of your child including activities your child engages in during free time.

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2. Has your child had any computer programming experience before?

Yes  No

A. If yes, what type of experience?

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B. If yes, what programming language and how long?

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3. Has your child had any other robotics experience before?

Yes  No

A. If yes what type of experience?

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4. Describe your child's relationship with peers?

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5. Briefly describe what type of group your child works well in. (i.e. Number of group members, age range, personality types, etc.)

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6. Briefly explain why you and your child are interested in enrolling in the TED summer program?

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7. Please use this space to provide any information you wish us to have with respect to your child that will help us in maximizing the TED experience.

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*The Carroll School admits students of any race, color, religion, national and ethnic origin, and sexual orientation, or with any disability that can reasonably be accommodated by the school, to all rights, privileges, programs and activities generally accorded or made available to students at The Carroll School. It does not discriminate on the basis of such factors in the administration of its admission, financial aid, educational employment, or athletic policies.*

All information in this application is true to the best of my knowledge.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**How did you hear about the program?**

School \_\_\_ Advocate \_\_\_ Friend \_\_\_ Open House \_\_\_ Web Site \_\_\_ Camp Fair \_\_\_

Ad (where) \_\_\_\_\_ Web Search \_\_\_\_\_ Testing Service \_\_\_ Other \_\_\_\_\_

<p><b>Mail this form to :</b> Summer@Carroll Admission Office The Carroll School 25 Baker Bridge Rd Lincoln, MA 01773-3199 781-259-8342 ex. 3031</p>
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This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health.