2025 HS SUMMER CAMPS APPLICATION

Please return application to your child's school as soon as possible. For questions, please reach out to your school. Visit syracusecityschools.com/summer for program updates. Space is limited.

Student Information

Student Name (First & Last)			
Date of Birth Age			
Current SCSD School			
Please mark your child's current grade level	9 10 11]	
Summer Camp			
🗌 Esports Camp	Summer Arts		
Located at the Elite Gaming Center 2 Clinton Square, Syracuse 7/8-8/9 1:00 pm – 4:00 pm	Located at Nottingham High School 3100 E. Genesee Street, Syracuse 7/7-7/25 1:00 – 4:00 pm		
Contact/ Emergency Information			
Parent/Guardian Name (First & Last)			
Address (#, Street, Zip)			
Phone (Main)	Phone (Second Option)		
Email Address			
In case of an emergency and parent/guardia child:	n is unavailable, I authoriz	e the following people to provide car	e for my
Name	Relationship	Phone	
Name	Relationship	Phone	
PLEASE NOTE: Transportation will be provide school in the morning, transportation will be provided back to the hub stops.			
Signature			

I certify that the information on this application is true and can be subject to verification. I understand that falsification is grounds for termination and may result in an action to recover any funds paid while participating in the program. Accordingly, I am authorizing this information may be shared with the City of Syracuse, the Syracuse Urban Partnership, and Youth Program Organization looking to be a part of the Summer Fellows Program.

 Student's Signature
 Date

 Parent/Guardian, if under 18
 Date

This is a half day program and does not qualify for the Bea Gonzalez program.