



# Bridgeport International Academy

## TECHNOLOGY CAMP APPLICATION

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street Building/Suite #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_ Grade in Fall '09: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List all computer classes taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technology knowledge:  
(check all that apply):  Photoshop  HTML Programming  Other (please specify) \_\_\_\_\_

What are you hoping to gain through this experience? \_\_\_\_\_  
\_\_\_\_\_

Future aspirations: \_\_\_\_\_  
\_\_\_\_\_

Please check which camp your child will be attending:

July 6<sup>th</sup> – 17<sup>th</sup> 9 am until 12 noon

July 20<sup>th</sup> – 31<sup>st</sup> 1 pm until 4 pm

**To reserve a spot for your child, please send this application and a \$100 non-refundable deposit to our school office. Checks should be made out to Bridgeport International Academy. If you wish to pay by credit card, please fill out the following form:**

Credit Card Type:  Visa  MasterCard  American Express  Discover

Name: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Building / Apt. #

City State Zip Country