

E N R O L L M E N T    A P P L I C A T I O N

## St. Petersburg College/Camp of Public Safety (COPS): A Middle School Adventure

Child's legal name: \_\_\_\_\_ Sex (optional):  M  F

Date of birth (optional): \_\_\_\_\_ Age (optional): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent's or guardian's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Telephone 8 a.m.-5 p.m.: \_\_\_\_\_ Telephone after 5 p.m.: \_\_\_\_\_

School child presently attends: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Ethnic origin: Information on ethnic origin of students is voluntary and will not be used for discriminatory purposes. Please check the appropriate box.

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black (non-Hispanic)
- Hispanic
- White (non-Hispanic)
- Other \_\_\_\_\_

#1972 Application fee (non-refundable) \_\_\_\_\_ X \$40 = \_\_\_\_\_

**Section # Weeks of participation: Check only week(s) for which you are paying. Payment must be included to secure a space.**

#1974  June 14-18 (PSP 0699)      \$110

#1975  June 21-25 (PSP 0699)      \$110

**Payment information**

Make check or money order payable to St. Petersburg College. DO NOT MAIL CASH.

Pay by credit card (check one)     Visa     MasterCard     American Express

Number \_\_\_\_\_ Exp. date: \_\_\_\_\_

**Youth programs**

I understand that for students or program participants up to 18 years old, the college DOES NOT provide insurance.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students are expected to behave in an appropriate manner toward their teachers and each other. Children with recurrent behavior problems will be dismissed without refunds.



Complete application and mail to:  
 Anna Goree, advisor  
 Allstate Center  
 St. Petersburg College  
 PO Box 13489  
 St. Petersburg, FL 33733-3489

Phone: 727-341-4456  
 727-341-4503

Fax: 727-341-4476

For more information, e-mail:  
[goree.anna@spcollege.edu](mailto:goree.anna@spcollege.edu)

