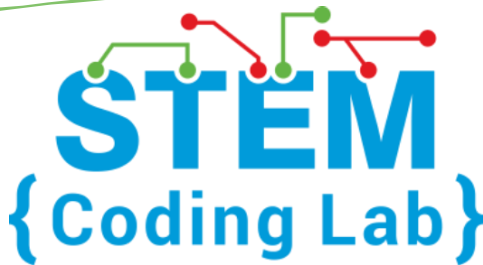


# SUMMER CODING CAMPS



## CS EXPLORERS

Have you ever thought about a career in computer science? CS Explorers introduces professional pathways in computer science through fun, engaging activities, and direct interactions with industry leaders in fields like AI, cybersecurity, and video game design.

Age: Rising 5th-9th Graders  
Location: CCAC Braddock Hills Center  
Dates: July 17th-21st  
Times: 9:00 am-3:00 pm



## CODING CAMP

Do you love video games and robotics? Of course you do! Join this summer's CCAC Coding Camp and you will get to explore both. Students will experience what it's like to design their own video game AND create an amusement park ride for robots! Join us for one-week of coding fun.

Age: Rising 3rd-5th graders  
Location: CCAC Braddock Hills Center  
Dates: July 24th-28th  
Times: 9:00 am-3:00 pm

**SCAN THE QR CODE FOR  
REGISTRATION FORM:**



**CALL 412-501-0018 IF YOU  
HAVE ANY QUESTIONS**



**Please print.** Complete and return this form with payment (if applicable). No further notice will be provided.

Date of Birth (required for enrollment) MM/DD/YYYY:								
Last Name:				First Name:			Middle Initial:	
Street Address:							Apt:	
City:				State:		Zip:		County:
Home Phone:				Alternate Phone:				
Email Address:							New Address (X):	
<b>Have you ever served in the Military (circle one)?</b> No – Yes (see below) <b>Are you a dependent of a Veteran (circle one)?</b> No – Yes (see below)				<b>NOTE:</b> If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.				
<b>Veteran Benefits:</b> <input type="checkbox"/> 35 Dependent <input type="checkbox"/> Chapter 33 Post 9/11 GI Bill <input type="checkbox"/> Veteran not using benefits				This voluntary information is compiled by the college for statistical purposes only and no personally identifiable information will be released.				
<b>Place of Permanent Address (check one)</b> <input type="checkbox"/> Allegheny County (1) <input type="checkbox"/> Out-of-State (5) <input type="checkbox"/> Out-of County				<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
				<b>Do you consider yourself to be Hispanic/Latino/Spanish Origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In addition, select one or more of the following racial categories to describe yourself:</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander				

**Payment Must Be Enclosed (if applicable)**

Print Phone Number on Check or Money Order (Checks Payable to CCAC).

**Mail To:** CCAC ~ M.J. GUERCIO

BRADDOCK HILLS CENTER

250 YOST BLVD

BRADDOCK HILLS, PA 15221

Because CCAC cares about your privacy, we cannot process credit card information by mail. Please visit [ccac.edu](http://ccac.edu), any CCAC facility, or call 412-788-7546 to register if you prefer to pay by credit card.

**REFUND POLICY:**

Students not attending the program (course) must notify CCAC in person, by mail or at 412-369-3701 BEFORE the first day in order to receive a refund. CCAC will notify registered students in the event that the program (course) is cancelled.

Course Number	Semester	Course Title	Course Location	Cost (if applicable)
<b>YOU-691-58101</b>	<b>N23SU</b>	<b>STEM CAMP RISING 5<sup>TH</sup> – 8<sup>TH</sup> GRADES (JULY 17<sup>TH</sup> THRU 21<sup>ST</sup>, 2023)</b>	<b>BRADDOCK HILLS CTR BHC</b>	<b>N/A</b>

<b>Student Signature</b> (Required for enrollment)			<b>Date</b>	
<b>If sponsored, Authorizing Agency</b>				
<b>&amp; Signature</b>			<b>Date</b>	

I agree that once I register, I become legally bound by and agree to the terms of Community College of Allegheny County Student Financial Responsibility Agreement and as such become responsible for all charges incurred, unless I drop classes during the designated refund period.



If you require special arrangements, contact the nearest CCAC Supportive Services office prior to class:  
 Allegheny – 412.237.4612 • Boyce – 724.325.6604  
 North – 412.369.3686 • South – 412.469.6207  
 TTY – 412.369.4110 & 412.469.6005

**Please print.** Complete and return this form with payment (if applicable). No further notice will be provided.

Date of Birth (required for enrollment) MM/DD/YYYY:								
Last Name:				First Name:			Middle Initial:	
Street Address:							Apt:	
City:				State:		Zip:		County:
Home Phone:				Alternate Phone:				
Email Address:							New Address (X):	
Have you ever served in the Military (circle one)? No – Yes (see below) Are you a dependent of a Veteran (circle one)? No – Yes (see below)				<b>NOTE:</b> If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.				
Veteran Benefits: <input type="checkbox"/> 35 Dependent <input type="checkbox"/> Chapter 33 Post 9/11 Gi Bill <input type="checkbox"/> Veteran not using benefits				This voluntary information is compiled by the college for statistical purposes only and no personally identifiable information will be released. <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
Place of Permanent Address (check one) <input type="checkbox"/> Allegheny County (1) <input type="checkbox"/> Out-of-State (5) <input type="checkbox"/> Out-of County				<b>Do you consider yourself to be Hispanic/Latino/Spanish Origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In addition, select one or more of the following racial categories to describe yourself:</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander				

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Course Number	Semester	Course Title	Course Location	Cost (if applicable)
<b>YOU-691-58102</b>	<b>N23SU</b>	<b>STEM CAMP RISING 3<sup>RD</sup> TO 5<sup>TH</sup> GRADES (JULY 24<sup>TH</sup> THRU 28<sup>TH</sup>, 2023)</b>	<b>BRADDOCK HILLS CTR BHC</b>	<b>N/A</b>

Student Signature (Required for enrollment)			Date	
If sponsored, Authorizing Agency				
& Signature			Date	

I agree that once I register, I become legally bound by and agree to the terms of Community College of Allegheny County Student Financial Responsibility Agreement and as such become responsible for all charges incurred, unless I drop classes during the designated refund period.



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 North – 412.369.3686 • South – 412.469.6207  
 TTY – 412.369.4110 & 412.469.6005