



# STARS Summer Camp

2 year olds-rising 1<sup>st</sup> graders

9am-12pm \$85 week

\$10 Sign up fee (\$5 off weekly fee for 2<sup>nd</sup> child)



\_\_\_ June 14-18 All About Space

\_\_\_ July 5-9 Celebrate America

\_\_\_ June 21-25 Jesus is my friend

\_\_\_ July 12-16 Wonderful Water



Name of Child \_\_\_\_\_ Sex : M or F  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## INFORMATION ABOUT YOUR CHILD

Does your child have any known health concerns (i.e. allergies, asthma, etc.) No \_\_\_ Yes \_\_\_  
 Explain:

Please give us any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating habits, special fears, special likes and/or dislikes, speech or hearing difficulties)

## EMERGENCY CONTACT INFORMATION:

If neither father or mother (or guardian) can be contacted, call (please list relationship)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please give the names and relationships of persons to whom your child can be released:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize Crossroads S.T.A.R.S. Preschool Staff to make those arrangements. I give consent for any and all treatment deemed necessary by the attending physician.

\_\_\_\_\_  
 (Signature of Parent)

\_\_\_\_\_  
 (Date)