

STARS Summer Camp
2 year olds-4th graders 9am-12pm \$70/week
\$5 off weekly fee for 2nd child

_____ June 3-6 Curious George
_____ July 8-11 Science

_____ June 17-20 Outdoor Fun
_____ July 22-25 Creation

Name of Child _____ Sex : M or F
Address _____ Zip Code _____
Date of Birth _____ Age _____ 2018-19 Grade _____
Email _____
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:

Will your child need medication during camp hours? 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)