

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

\_\_\_\_\_ June 1-4 Nursery Rhymes                      \_\_\_\_\_ June 15-18 Fruit of the Spirit  
\_\_\_\_\_ July 6-9 Treasure God's Love                      \_\_\_\_\_ July 20-23 Beach Fun

Name of Child \_\_\_\_\_ Sex : M or F  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ 2019-20 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)