



752 Stoney Creek Church Road ~ Goldsboro, NC 27534
Phone: 919-739-7222 www.stoneycreekchurch.net

STUDENT APPLICATION

Camper Information

Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Current Grade: _____

School Camper Attends: _____ Church: _____

Male Female Circle T-Shirt Size: YS YM YL S M L XL XXL

Type of Care Needed: Weekly Drop-in Did your child attend Day Camp last year? _____

List any health concerns that would prohibit your camper from engaging in regular activities: _____

Current Medications (specify): _____

Allergies: _____ Special Diets: _____

Please check **ALL** that apply to your child regarding swimming:

- My child likes to swim at the pool. My child has taken swimming lessons.
- My child does not like to swim. My child MAY NOT go in the deep end!

Please check your child's swimming ability:

- Excellent Average Poor Does not know how to swim!

Parent/Guardian Information

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Home Church: _____ Home Church: _____

Marital Status: Married Single Separated Divorced Remarried Marital Status: Married Single Separated Divorced Remarried

Do you live with your child? Yes No Do you live with your child? Yes No

Emergency Contacts Other than Parents or Guardian

Contact Name: _____

Contact Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Relationship: _____

Relationship: _____

Please list ALL authorized individuals that may pick up your child from Day Camp (picture ID will be required):

1. _____

2. _____

3. _____

4. _____

Parent Vacation Requests and Certification

One week of vacation credit is given for weekly campers if notice is given received at least two weeks prior. Please list the vacation week your child will take during the summer. _____

I, (print name here) _____ certify by my signature that I agree for my child (whose name appears on front) to attend *All Stars Day Camp*, and that I have read and agree to all the information on this application form. I will be financially responsible for this child's attendance at All Stars Day Camp.

Signature of Parent/Guardian

Date