

**SAINT JAMES PRESBYTERIAN CHURCH
2010 A.C.T. DRAMA & STEP SUMMER CAMP
JUNE 21ST - JULY 30TH 2010
REGISTRATION FORM**

ART I - APPLICANT INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

NAME: _____

GENDER: M / F _____ BIRTH DATE: ____/____/____

MAILING ADDRESS _____

MOBILE #: _____ E-MAIL: _____

RACE/ETHNICITY: A. NATIVE AMERICAN/ALASKAN B. ASIAN/PACIFIC ISLANDER C: BLACK/AFRICAN AMERICAN
D. MEXICAN AMERICAN E. PUERTO RICO F. OTHER HISPANIC
G. WHITE/CAUCASIAN H. OTHER

HOW DID YOU HEAR ABOUT THE A.C.T. SUMMER CAMP?

A. RECEIVED MAILING B. RECEIVED E-MAIL C. FAIR/PRESENTATION D. INTERNET SEARCH
E. ADVERTISEMENT G. TEACHER/COUNSELOR H. FRIEND/RELATIVE _____
OTHER _____

ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT? Yes No

ART II - PARENT / GUARDIAN INFORMATION

MOTHER OR GUARDIAN

FATHER OR GUARDIAN

NAME: _____ NAME: _____

TITLE LAST FIRST M.I. TITLE LAST FIRST M.I.

HOME MAIL: _____ E-MAIL: _____

EMPLOYER: _____ EMPLOYER: _____

POSITION: _____ POSITION: _____

DAY PHONE: _____ DAY PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WHO IS THE CUSTODIAL PARENT? BOTH MOTHER FATHER OTHER _____

ART III – STUDENT SCHOOL INFORMATION

PRESENT GRADE LEVEL: (CIRCLE ONE) 7 8 9 10 11 12 COLLEGE: ___ FRESHMAN ___ SOPHOMORE ___

TYPE OF SCHOOL: PUBLIC PRIVATE/CHARTER HOME SCHOOL OTHER

SCHOOL PHONE: _____ SCHOOL ADDRESS: _____

SCHOOL COUNSELOR OR TEACHER REFERENCE (NAME AND PHONE):

ART IV – EXTRACURRICULAR ACTIVITIES & OTHER NON SCHOOL ACTIVITIES

EXTRACURRICULAR ACTIVITIES IN SCHOOL:

NON SCHOOL ACTIVITIES:

ART V – MEDICAL INFORMATION

DOES STUDENT TAKE MEDICATION? NO ___ YES ___ WHAT/WHEN: _____

ALLERGIES: MEDICINE /FOOD _____

PHYSICIAN'S NAME: _____ PHONE: _____

INSURANCE CO.: _____

POLICY #: _____ GROUP #: _____

ART VI – EMERGENCY CONTACTS / PICK-UP LIST

EMERG. CONTACT: _____ PH#: _____

RELATIONSHIP: _____

EMERG. CONTACT: _____ PH#: _____

RELATIONSHIP: _____

THE FOLLOWING PEOPLE ARE PERMITTED TO PICK UP THIS CHILD AT THE END OF THE EACH DAY. PHOTO ID WILL BE REQUIRED FOR THE PROGRAM STAFF TO RELEASE THE CAMPER. ANY PERSON NOT LISTED BELOW WILL NOT HAVE AUTHORITY TO PICK UP THE CHILD.

NAME: _____ PH#: _____

RELATIONSHIP: _____

NAME: _____ PH#: _____

RELATIONSHIP: _____

PARENTS ARE RESPONSIBLE FOR THE DAILY DROP-OFF AND PICK UP OF THE CAMPERS.

ART IX – STUDENT & PARENT AGREEMENT

WE HAVE READ THE ENCLOSED INFORMATION ABOUT THE 2010 SJPC/A.C.T. DRAMA & STEP SUMMER CAMP. IF ACCEPTED, WE AGREE HE/SHE WILL FOLLOW ALL RULES & GUIDELINES FOR STUDENT CONDUCT. WE REALIZE THAT THE PROGRAM STAFF RESERVES THE RIGHT TO ASK THE CAMPER TO LEAVE FOR MEDICAL, DISCIPLINARY OR OTHER REASONS AND, IF ASKED TO LEAVE, THE PARTICIPANT'S PARENT(S) OR GUARDIAN WILL BE NOTIFIED. IF A CAMPER IS SENT HOME BECAUSE OF DISCIPLINARY REASONS, HE/SHE MAY NOT BE ADMITTED TO FUTURE SUMMER CAMP PROGRAMS OR EVENTS. WE UNDERSTAND THAT UNDER EXTENUATING CIRCUMSTANCES IT MAY BE NECESSARY FOR THE PROGRAM STAFF TO SEARCH AN INDIVIDUAL'S BELONGINGS UNANNOUNCED, IN THE INTEREST OF ALL PARTICIPANTS' SAFETY AND WELL-BEING.

UNDERSTAND THAT:

I APPROVE OF THIS APPLICATION AND THE APPLICANT HAS CONSENT TO PARTICIPATE IF SELECTED

I AM RESPONSIBLE FOR DROPPING OFF AND PICKING UP MY CHILD EACH DAY AND WILL BE CHARGED A FEE FOR LATE PICK-UP.

I AGREE TO DISCLOSE ANY HEALTH PROBLEMS OF THE APPLICANT IF SELECTED TO PARTICIPATE.

I AM RESPONSIBLE FOR THE COST OF REPAIRING OR REPLACING ANY PROPERTY THAT MY CHILD DAMAGES AT THE SITE.

I AM RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED BY MY CHILD WHILE ENROLLED IN THE PROGRAM.

I GIVE PERMISSION FOR MY CHILD TO COMPLETE ALL TESTS & SURVEYS ADMINISTERED TO EVALUATE PROGRAM EFFECTIVENESS.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

CERTIFY THAT ALL OF THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A FALSE OR INCOMPLETE ANSWER MAY BE GROUNDS FOR NOT CONSIDERING ME OR FOR MY DISMISSAL.

SIGNATURE OF APPLICANT: _____

DATE: _____

MAIL APPLICATIONS TO:

SJPC/A.C.T. DRAMA & STEP CAMP
820 ROSS AVE
GREENSBORO, NC 27406