

CHILD'S LAST NAME, FIRST NAME, MIDDLE INITIAL _____

STREET _____

TOWN, STATE, ZIP _____ / /

PHONE _____ DATE OF BIRTH _____ AGE _____

GRADE (AS OF SEPT) _____ **SCHOOL** _____ MALE FEMALE

ASIAN BLACK CAUCASIAN HISPANIC OTHER

HOUSEHOLD INCOME LEVEL:
 UNDER \$45,850 \$45,850-68,000 OVER \$68,000

REQUEST TO BE WITH _____

Please check below if your child has any health or medical conditions Sterling House should be made aware of.

Asthma: (Packet A)

Food Allergies: (Packet B)

Need an Epi-Pen: (Packet C)

Seizures: (Packet D)

Medications (Packet E)

Behavior:

Other:

HEALTH INSURANCE CO. _____ ID# _____

PARENT/GUARDIAN #1

#1
EMERGENCY CONTACT OTHER THAN PARENT _____ PHONE _____

#2
EMERGENCY CONTACT OTHER THAN PARENT _____ PHONE _____

PARENT/GUARDIAN #2

LAST NAME, FIRST NAME, MIDDLE INITIAL _____

STREET _____ TOWN, STATE, ZIP _____

EMPLOYER _____ WORK PHONE _____

EMPLOYER ADDRESS _____ TOWN, ST, ZIP _____

E-MAIL _____ CELL PHONE _____

T-SHIRT SIZE: YES YM YL AS AM AL AXL

LAST NAME, FIRST NAME, MIDDLE INITIAL _____

STREET _____ TOWN, STATE, ZIP _____

EMPLOYER _____ WORK PHONE _____

EMPLOYER ADDRESS _____ TOWN, ST, ZIP _____

E-MAIL _____ CELL PHONE _____

AS AM AL AXL

CAMP CHOICES

CAMPER (choose sessions below)

SESSION 1 **AM EXTENDED** **PM EXTENDED**

SESSION 2 **AM EXTENDED** **PM EXTENDED**

SESSION 3 **AM EXTENDED** **PM EXTENDED**

SESSION 4 **AM EXTENDED** **PM EXTENDED**

C.I.T. (all sessions required)

PLEASE READ AND SIGN

At times, photos are taken of various camp activities to use on Sterling House social media and for other publicity. Please indicate below whether or not you give permission to use photos of your son/daughter for these purposes.

YES NO

X

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

People authorized to pick up your child (*other than parents*):

1. _____ PHONE _____

2. _____ PHONE _____

I understand that fees for each session are due before they begin. If fees are not paid by said date, I understand that my child's spot in camp will be forfeited and filled from the waiting list.

X

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

FOR OFFICE USE ONLY

SESSION 1	SESSION 2	SESSION 3	SESSION 4
CAMP FEE \$.	CAMP FEE \$.	CAMP FEE \$.	CAMP FEE \$.
AM EXTENDED HRS. + .	AM EXTENDED HRS. + .	AM EXTENDED HRS. + .	AM EXTENDED HRS. + .
PM EXTENDED HRS. + .	PM EXTENDED HRS. + .	PM EXTENDED HRS. + .	PM EXTENDED HRS. + .
TOTAL CAMP FEE \$.	TOTAL CAMP FEE \$.	TOTAL CAMP FEE \$.	TOTAL CAMP FEE \$.
DEPOSIT DUE AT REG. - 60.00	DEPOSIT DUE AT REG. - 60.00	DEPOSIT DUE AT REG. - 60.00	DEPOSIT DUE AT REG. - 60.00
SESSION 1 BALANCE \$.	SESSION 2 BALANCE \$.	SESSION 3 BALANCE \$.	SESSION 4 BALANCE \$.

MEMBERSHIP

NEW RENEWAL

FAMILY

EXPIRATION DATE _____

AMT. PAID \$ _____

DATE PAID _____

RECEIPT# _____

COLLECTED BY _____

ISSUE DATE _____ RECEIPT # _____ COLLECTED BY _____

ISSUE DATE _____ RECEIPT # _____ COLLECTED BY _____

ISSUE DATE _____ RECEIPT # _____ COLLECTED BY _____

ISSUE DATE _____ RECEIPT # _____ COLLECTED BY _____

PAID AT REGISTRATION

TOTAL PAID \$ _____

RECEIPT # _____

COLLECTED BY _____

DATE _____

PAYMENT

\$.
\$.
\$.
\$.