



DOING THE MOST GOOD

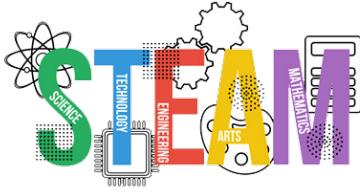


BOYS & GIRLS CLUBS

The Salvation Army Boys & Girls Club of High Point

121 Cloverleaf Place, High Point NC 27263

Phone: (336) 881-5444 Fax: (336) 884-4125



2022 S.T.E.A.M SUMMER DAY CAMP APPLICATION

To be completed by TSAB&G Club Director

Enrollment Fee Payment (\$25)

- Cash
- Money Order
- Credit Card

Start date: _____

Does student have a SAB&G scholarship? _____

Center of Hope YES / NO Transition Date: __/__/__

After-School

Full Days

Summer

Student Information:

Name

_____ (Last)

_____ (First)

_____ (Middle)

_____ (Nickname)

_____ (School)

Birthday _____

(Month/Day/Year)

Grade K 1 2 3 4 5 6 7 8

Circle grade child will be enrolled in the fall.

Age _____

State age child will be on the first day of camp.

Sex M F

Circle one

Race/Ethnicity

African-American Caucasian Hispanic Multi Racial Native American Other

Brothers and Sisters in The Salvation Army Boys & Girls Club:

Last Name

First Name

Middle Name

Grade

Last Name	First Name	Middle Name	Grade

Parents/Guardians: (Call this parent/guardian first)

_____ (Last)

_____ (First)

_____ (Middle)

Relationship to Student

NC Driver License Number

Street Address

City

State

Zip Code

Employed By

Email Address

Work Phone

Home Phone

Cell Phone

Parents/Guardians: (Call this parent/guardian first)

_____ (Last)

_____ (First)

_____ (Middle)

Relationship to Student

NC Driver License Number

Street Address

City

State

Zip Code

Employed By

Email Address

Work Phone

Home Phone

Cell Phone

For each question below, if more space is needed, please explain on a separate sheet of paper and attach to this application.

Is there a separation, divorce, or custody concern of which our staff should be aware? _____ NO _____ YES

Is any person prohibited from picking up the child by a court order? If yes, attach a copy of court order and an explanation.

Prohibited Person's Name

Relationship to Child

Emergency Contact and Pick Up Authorization: *Persons other than parents/guardians listed on front of form*

List additional persons you authorize to pick up your child. TSAB&G Staff may also contact these persons if neither parent/guardian on Page 1 can be reached or if neither can pick up the child in a reasonable time. (Ex. Child is not picked up by the closing, child has a low-grade fever, nausea, minor injury, behavior issue, personal need, etc.)

In the event of a medical emergency, 911 will be called to secure medical treatment for your child. If neither parent/guardian on Page 1 can be reached, the emergency contacts listed below will be called to help staff locate a parent/guardian and/or meet your child at the medical facility. *If none, write "NONE" in the space below.*

Name	Relationship to Child	Work Phone	Home Phone	Cell Phone

Medical or Other Health Conditions:

It is very important that we know if your child has a health condition (allergy to bee stings or food, asthma, diabetes, seizure disorder, behavior disorder, physical disability, learning disability, etc.) fears, or is receiving special services for any condition. What conditions should we know about?

Will your child have a Diabetes, Health or Emergency Care Plan, 504 Plan, or IEP developed by his/her school administration, school nurse, medical doctor, and parent/guardian for a health condition? YES NO *(If yes, what care may be needed during summer day camp?)*

Will your child need medication during Summer Camp on a regular basis? YES NO *(If yes, provide name of medication)*

Does your child have any Dietary Restrictions? *(List restricted items)* _____

Childs' Doctor: _____ **Preferred Hospital:** _____
If none, write "NO PREFERENCE" in space above *If none, write "NO PREFERENCE" in space above*

Is either Parent/Guardian a current or retired member of the military?

Yes
 No

T-Shirt Size: Please Circle One

Youth XS Youth S Youth M Youth Large Youth XL
 Adult S Adult M Adult L Adult XL Adult XXI Adult XXXL

Child has been a member of club:

Less than 1 year 1-2 years 2+ years

Attend Church? YES NO

School Lunch Fee: *(check one)*

Full Pay Reduced Free

Swimming Ability: *(check one)*

Non-Swimmer Beginner Moderate Advanced

Family Income (Must include AFDC, Food Stamps, Child Support, Alimony, etc.)

Under \$10,000
 \$10,000-\$20,000
 \$20,000-\$30,000
 \$30,000-\$40,000
 \$40,000-\$50,000
 Over \$50,000

How did you hear about The Salvation Army Boys & Girls Club S.T.E.A.M Summer Day Camp?

Parent/Guardian Signature _____

Printed Name _____

Date _____