



**The Salvation Army Boys & Girls Clubs of Greater Charlotte**  
 Headquarters: 4015 Stuart Andrew Blvd, Charlotte, NC 28217  
 \*Multiple Club locations in the community  
 Phone: (704) 334-4731

*To be completed by TSAB&G Club Director*  
 Enrollment Fee Payment (\$25)  
 Cash  
 Check  
 Money Order  
 Start date: \_\_\_\_\_  
 Does student have a SAB&G scholarship? \_\_\_\_\_  
 Center of Hope YES / NO Transition Date: \_\_/\_\_/\_\_\_\_  
 After-School  
 Full Days  
 Summer



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

June 13 – August 19, 2022, 7:45am-5:45pm

**Student Information:**  
 Name \_\_\_\_\_  
 (Last) (First) (Middle) (Nickname) (School)

Birthdate \_\_\_\_\_  
 (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

**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