

**Saint James Presbyterian Church**  
**2017 A.C.T. Summer Camp**  
**June 26<sup>th</sup> – August 4<sup>th</sup>, 2017**  
**Application Form**

**Part I - Applicant Information** (please type or print legibly)

---

Name: \_\_\_\_\_ Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I. Mo Day Year

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 \_\_\_\_\_ I. Other \_\_\_\_\_

Are you a U.S. Citizen or permanent resident? Yes  No

**Part II - Parent / Guardian Information**

---

<u>Mother or Guardian</u>	<u>Father or Guardian</u>
Name: _____	Name: _____
Title Last First M.I.	Title Last First M.I.

E-Mail: _____	E-Mail: _____
---------------	---------------

Employer: _____	Employer: _____
-----------------	-----------------

Position: _____	Position: _____
-----------------	-----------------

Day Phone: _____	Day Phone: _____
------------------	------------------

Cell Phone: _____	Cell Phone: _____
-------------------	-------------------

Who is the custodial parent? Both  Mother  Father  Other  \_\_\_\_\_

**Part III – Student School Information**

---

Present Grade Level: \_\_\_ College: \_\_\_ Freshman \_\_\_ Sophomore

School Name \_\_\_\_\_

Type of School: Public  Private/Charter  Home School  Other

School Phone: \_\_\_\_\_ School Address: \_\_\_\_\_

School Counselor or Teacher Reference (name and phone): \_\_\_\_\_

**Part IV – Extracurricular Activities & Other Non School Activities**

---

Extracurricular Activities in School:

\_\_\_\_\_

Non School Activities: \_\_\_\_\_

## Part V – Medical Information

---

Does student take medication? No\_\_ Yes\_\_ What/When: \_\_\_\_\_

Allergies: Medicine /Food \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## Part VI – Emergency Contacts / Pick-up List

---

1. Emerg. Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. 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.

1. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parents are responsible for the daily drop –off and pick up of the campers.

## Part VII – Student & Parent Agreement

---

We have read the enclosed information about the 2017 SJPC/A.C.T. 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.

I 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.

*I 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 Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mail applications to:	SJPC/A.C.T. Camp 820 Ross Ave Greensboro, NC 27406
-----------------------	--