



# Shining Stars Summer Day Camp

1355 Jonestown Rd.  
Winston-Salem, NC 27103  
(336) 306-5475

## Summer 2010

### A. CAMPER INFORMATION

Name \_\_\_\_\_

*(Nickname)*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Birth Date \_\_\_\_\_

### B. PARENT INFORMATION

Child lives with: \_\_\_\_\_ Both parents

\_\_\_\_\_ Single parent (please name) \_\_\_\_\_

\_\_\_\_\_ Other (please name) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Resident Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Work Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

*Mother's #'s: Home* \_\_\_\_\_ *Work* \_\_\_\_\_ *Cell* \_\_\_\_\_

Resident Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Work Address \_\_\_\_\_

**C. FAMILY MEMBERS**

\_\_\_\_\_  
*Name* \_\_\_\_\_ *Birthdate* \_\_\_\_\_

\_\_\_\_\_  
*Name* \_\_\_\_\_ *Birthdate* \_\_\_\_\_

\_\_\_\_\_  
*Name* \_\_\_\_\_ *Birthdate* \_\_\_\_\_

**D. EMERGENCY CONTACTS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**E. Pick-Up Authorization**

Who is authorized to pick up your child?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Who is NOT authorized to pick up your child?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**F. REGULAR SOURCE OF MEDICAL CARE**

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_

Clinic Address \_\_\_\_\_ Clinic Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**G. SOURCE OF EMERGENCY MEDICAL CARE**

Doctor \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Clinic/Hospital Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**H. HEALTH**

Are there any special health needs the staff should be aware of with your child? \_\_\_\_\_

\_\_\_\_\_

Any known allergies? \_\_\_\_\_

\_\_\_\_\_

## I. WEEKLY THEMES

Please indicate which weeks you would like your child to attend. Camps will be filled on a first come first serve basis. Remember, if you sign up for 8 or more weeks there is a discount on tuition.

- May 31 - June 4: Sea Life
- June 7 - June 11: Gardening
- June 14 - June 18: Talent Show
- June 21 - June 25: Sports
- June 28 - July 2: Independence Week
- July 5 - July 9: Art
- July 12 - July 16: Science
- July 19 - July 23: Spanish
- July 26 - July 30: Wood Working
- August 2 - August 6: Drama
- August 9 - August 13: Around the World
- August 16 - August 20: Character Week

## J. FINANCIAL AGREEMENT

1. My child will attend Shining Stars Summer Day Camp and participate fully in its educational programs. I understand that Shining Stars Summer Day Camp will provide its full range of classroom, educational and religious programs to my child.
2. I agree to pay tuition and fees including late fees and penalties for past due accounts in the amount specified by the camp. I understand that weekly tuition is due by Monday, or first scheduled day of attendance, of each week in which care is given. A \$15.00 late fee for late payments will be assessed at close of business Tuesday or the second scheduled day.
  - a) A tuition of \$100/125 per week
  - b) A \$25 charge for returned checks
  - c) A \$1 per minute per child late pick-up fee for a child not picked up by 6:00PM
3. I understand that failure to make arrangements for financial payment in accord with the above within two weeks of date owed will terminate the enrollment of my child in the camp.
4. If I am not able to continue to meet this financial obligation, either temporarily or indefinitely, I will immediately discuss this matter with the director.

Your signature below indicates that you have read this enrollment form carefully and provided correct information to the best of your knowledge. It further indicates that you have read and agree to abide by all the policies and procedures of Shining Stars Summer Day Camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in learning more about Star of Bethlehem and its programs. \_\_\_\_\_