

# St. John's A.M.E. Church 10<sup>th</sup> Annual Summer Camp

## APPLICATION & PERMISSION FORM

(Please fill out completely using blue or black ink. All information will be held confidential)

School \_\_\_\_\_ Grade \_\_\_\_\_

### STUDENT INFORMATION:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  M  F

Eligible for free/reduced price lunch at school?  Yes  No

\*Ethnic Origin:

African American  Asian  Caucasian  Hispanic  Multi-Racial  Native American  Somali

Other \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent(s) or Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Can you be reached at work?  Yes  No

Cell Phone/Pager: (\_\_\_\_) \_\_\_\_\_ Best time and number to reach you: \_\_\_\_\_

\*If English is not your first language, what is? \_\_\_\_\_

\*How many people are currently living in your household? \_\_\_\_\_

\*Living Situation:  One Parent – Male / Female (circle one)  Group Home

Two Parent  Foster Home

Other Relative \_\_\_\_\_  Unknown

**\*This information is only used for statistical purposes. Your child's name will not be used.**

Has your child been involved with any St. John's A.M.E program before?  Yes  No

If yes, what program and when? \_\_\_\_\_

### IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

*St. John AME Church's Summer Camp Program*

**PLEASE TURN OVER AND COMPLETE OTHER SIDE**

**PARENT/STUDENT SECTION:** Parents/Guardians: Please fill out this form with your child. This information will help us get to know your child.

**Parent:**

Does your child take any medications?  Yes  No

If yes, what for? \_\_\_\_\_ Dosage? \_\_\_\_\_

Does your child have special needs, food allergies or any physical limitations?  Yes  No

Please list: \_\_\_\_\_

Does your child participate in any school-related sports, clubs or organizations?  Yes  No

Please list: \_\_\_\_\_

Does your child need assistance with?  Reading  School performance  Classroom behavior

Self-esteem  Other \_\_\_\_\_

Please list any preferences regarding your child: \_\_\_\_\_

\_\_\_\_\_

Please include any additional information that would be helpful for us to know:

\_\_\_\_\_

**Student:**

What do you like about school? \_\_\_\_\_

What don't you like about school? \_\_\_\_\_

Name 3 Interests and Hobbies: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

Tell me a little bit about your family. \_\_\_\_\_

\_\_\_\_\_

What area(s) would you like us to help you with? \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Getting along with others         | <input type="checkbox"/> Getting better grades in school |
| <input type="checkbox"/> Getting along with people at home | <input type="checkbox"/> Other _____                     |

What would you like to learn about the Summer Camp staff? \_\_\_\_\_

\_\_\_\_\_

Please check all the words that describe you:

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Organized                   | <input type="checkbox"/> Artistic/ Musical |
| <input type="checkbox"/> Quiet    | <input type="checkbox"/> Need help getting organized | <input type="checkbox"/> Athletic          |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Need Help with Schoolwork   | <input type="checkbox"/> Do My Own Thing   |
| <input type="checkbox"/> Shy      | <input type="checkbox"/> Follow Others               | <input type="checkbox"/> Other _____       |

**PERMISSION FORM:**

I, \_\_\_\_\_, understand that my child, \_\_\_\_\_, may be  
Parent/Guardian Name Child's name

You have selected to participate in St. John' Summer Camp. By signing below:

1. I grant permission for him/her to participate in all scheduled activities including participation in program evaluation.
2. I understand that all contact between my child and St. John's Summer Camp staff will occur in a supervised setting.
3. I hereby consent and authorize my child's school to disclose and release to St. John's Summer Camp Program if needed, my child's academic, attendance, and behavioral information for the current, future, and previous school years. I understand that this information may be used to confirm application requirements, provide match support and guidance, and for statistical purposes. St. John's Summer Camp agrees to maintain the confidentiality of my child's information. I also understand that my consent to and authorization of the disclosure and release of this information to St. John's Summer Camp Program shall continue for the time that my child participates in the program or until such time as I revoke my consent in writing, whichever occurs first.

*(This information may not be applicable for all St. John AME Church's youth programs)*

4. I hereby consent and authorize St. John's Summer Camp Program to utilize my child's academic, attendance, and behavioral information from the Schools for the purposes of discussions with my child. This includes but is not limited to, my child's transcript and grade card at the end of each nine week grading period. This information will be shared with your child so they may engage in discussions about education and future goals.
5. My child and I have received information regarding Child Safety & Abuse Prevention.
6. I grant consent for the use of identifying information in print, video, films and photographs of my child for:

**PLEASE CIRCLE ONLY ONE:** Yes No Program projects involving cameras, scrapbooking, portfolios, field trips ID badges, etc.

**PLEASE CIRCLE ONLY ONE :** Yes No Recognition or thank-you gifts to youth, corporate partners, program staff

**PLEASE CIRCLE ONLY ONE :** Yes No Publicity, Promotion and Advertising by St. John's Summer Camp Program or their authorized partners or invited media

**PLEASE CIRCLE ONLY ONE :** Yes No Use on St. John's AME Church's websites

*I understand that all above-mentioned consents transfer with my child whenever he/she participates with St. John AME Church Summer Camp Program.*

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

\_\_\_\_\_  
**Printed Name of Person signing this form**

## **Medical Authorization Form**

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Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#(    ) \_\_\_\_\_ Cell Phone#(    ) \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

**I, We the above name parent(s) legal guardian do hereby appoint:**

Name \_\_\_\_\_ Chaperon or Director

Phone#(    ) \_\_\_\_\_ Cell Phone#(    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To act on my behalf in authorizing medical or surgical care and hospitalization for the above-named minor(s) during the period which said minor(s) will be under the supervision of:**

**Summer Camp**

**This document shall be presented to a physician or appropriate hospital representative, at such time as medical or surgical care or hospitalization may be required.**

.....

**Parent/Guardian information (Both parents must sign where applicable)**

_____	_____
<b>Parent/Guardian (please print)</b>	<b>Parent/Guardian (please print)</b>
_____	_____
<b>Address</b>	<b>Address</b>
_____	_____
<b>City/State/Zip</b>	<b>City/State/Zip</b>
<b>Date:</b> _____	<b>Date:</b> _____

**Person(s) other than parents to be notified in an emergency situation when parent(s) are not available.**

**Name:**\_\_\_\_\_ **Age:**\_\_\_\_\_ **Date of Birth:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **City:**\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip:**\_\_\_\_\_

**Phone # ( )**\_\_\_\_\_ **Cell Phone # ( )**\_\_\_\_\_

**If Needed -----**

**Notary: On this**\_\_\_\_\_ **day of the month of**\_\_\_\_\_, **20**\_\_\_\_, **stood before me as Notary Public of the**  
**County of**\_\_\_\_\_ **State of**\_\_\_\_\_ **acknowledging and submitting proof**  
**thereof as Guardian of**\_\_\_\_\_, **acknowledging execution of this affidavit.**

**Signature:**\_\_\_\_\_