

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apt #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth / / / /			
Do you have any allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you need help with Math
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you get along with other kids	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Skills/Interests			
Availability:	1-3 pm	4-6pm	Mon-Fri

Parents Name:

EDUCATION			
School Attend			
Grade	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Special ED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Foster Care	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Parent Occupation:			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I understand that false or misleading information in my application may terminate may terminate my child from the camp	
Signature	Date