



Camp Stars Extended Care Program

Registration Form Summer 2018

Student:

Full Legal Name: _____

Address: _____

City/ZIP: _____

Date of Birth: _____ Place of Birth: _____

FAMILY:

Parents are: ___ married ___ divorced ___ separated ___ single

Student lives with: _____

FATHER

Name _____

Address _____

Hm Phone _____

Wk Phone _____

Cell Phone _____

Reliable E-mail _____

Place of Employment _____

Date of Birth _____

Social Security _____

Legal Guardian if different than above _____

Relationship _____

MOTHER

Name _____

Address _____

Hm Phone _____

Wk Phone _____

Cell Phone _____

Reliable E-mail _____

Place of Employment _____

Date of Birth _____

Social Security _____