

SST Summer Camp Application

Student Information

Student Name _____ Mailing Address _____ Present Grade _____
Address _____ Date of Birth _____
City, State, Zip _____ Gender _____
Home Phone _____

Camp Choices:
First Week (June 25) 1st Choice _____ 2nd Choice _____
Second Week (July 9) 1st Choice _____ 2nd Choice _____

Mother's Name _____ Custodial parent: Home Phone _____
_____ Cell Phone _____
Mailing Address (if non-custodial) _____ City, State, Zip _____ Employer Phone _____

Father's Name _____ Custodial parent: Home Phone _____
_____ Cell Phone _____
Mailing Address (if non-custodial) _____ City, State, Zip _____ Employer Phone _____
Employer Name _____

Guardian's Name _____ Home Phone _____
Guardian's Relationship _____ Cell Phone _____
Employer Phone _____
Employer Name _____

Step Parent's Name _____ Home Phone _____
(Living with student) Cell Phone _____
Employer Phone _____
Employer Name _____

Guardianship: _____ (Parents, Mother, Father, Grandparent, Foster Parents, Guardian, Mother/StepFather, Father/StepMother, Other)

Email Address Contact _____

Current School _____

Emergency Contact Information

Please list three other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

1 _____
Last Name, First Name Relationship Daytime Phone Number Cell Phone

2 _____
Last Name, First Name Relationship Daytime Phone Number Cell Phone

3 _____
Last Name, First Name Relationship Daytime Phone Number Cell Phone