

# SST Summer Camp Application

## Student Information D

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

Camp Choices:  
First Week (July 5) 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_  
Second Week (July 12) 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

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**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 \_\_\_\_\_

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## 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