



Before & After School Program
Summer Camp

SUMMER REGISTRATION

SCHOOL: _____ SCHOOL YEAR: 20__/20__ GRADE: _____
CHILD'S NAME: _____ AGE: _____ DOB ___/___/___ SEX: M / F
ADDRESS: _____ CITY: _____ NJ ZIP: _____
PLEASE CHECK T-SHIRT SIZE: YOUTH: SMALL__MEDIUM__LARGE__ ADULT: SMALL__MEDIUM__

PARENTS INFORMATION:

MOTHER'S NAME: _____ DOB ___/___/___
ADDRESS: _____ CITY: _____ NJ ZIP: _____
PHONE: _____ CELL PHONE: _____
EMPLOYER: _____ ADDRESS: _____ WORK #: _____
EMAIL ADDRESS: _____

WHO IS GUARDIAN? ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ GRANDPARENTS ___ GUARDIAN

FATHER'S NAME: _____ DOB ___/___/___
ADDRESS: _____ CITY: _____ NJ ZIP: _____
PHONE: _____ CELL PHONE: _____
EMPLOYER: _____ ADDRESS: _____ WORK #: _____
EMAIL ADDRESS: _____

WHO IS GUARDIAN? ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ GRANDPARENTS ___ GUARDIAN

EMERGENCY CONTACT /AUTHORIZED PICK-UP

Person(s) authorized to pick-up and/or contact in case of emergency if neither parent is available. The individuals are required to show identification when picking up your child and must be 18 years old and over.

1. NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE NO: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
2. NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE NO: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HEALTH AND INSURANCE INFORMATION:

DOES YOUR CHILD HAVE HEALTH INSURANCE? ___ YES ___ NO
CHILD'S PHYSICIAN: _____ ADDRESS: _____ PHONE NO: _____
INSURANCE PROVIDER: _____ ADDRESS: _____ PHONE NO: _____



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EMERGENCY MEDICAL INFORMATION:

Please check if the participant has a history of any of the following:

____ ASTHMA ____ DIABETES ____ HEART TROUBLE ____ FAINTING SPELLS

____ HIGH BLOOD PRESSURE ____ CONVULSIONS ____ CONTACT LENS ____ GLASSES

____ ALLERGY, IS SO WHAT? _____

____ ANY OTHER CONDITION REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT _____

DEMOGRAPHIC INFORMATION (OPTIONAL):

____ HISPANIC ____ AFRICAN AMERICAN/BLACK ____ ALASKAN NATIVE ____ NATIVE AMERICAN ____ ASIAN

HEALTH VERIFICATION, ACTIVITY AUTHORIZATION AND PHOTOGRAPHY RELEASE:

As the parent/guardian, I verify that my child is in good physical health and is authorized to participate in all activities including, but not limited to, HIKING, WATER ACTIVITIES and COMPETITIVE SPORTS. I understand that the program may take WALKING TRIPS within the neighborhood. INITIAL _____

I understand that in the event of an emergency, I authorize the transfer of my child’s health record to the health provider. INITIAL _____

I authorize ALL STARS ACADEMY staff to provide minor first aid, as deemed necessary, for the well-being of my child. INITIAL _____

I understand that my child may be photographed while at activities, camp, and programs. I give ALL STARS ACADEMY permission to use the picture/videos of my child for the ALL STARS ACADEMY promotional and marketing materials such as newsletters, local newspaper, website and/or brochures. INITIAL _____

STATEMENT OF VERIFICATION:

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from ALL STARS ACADEMY programs.

Parent’s Signature _____ Date: _____



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TRANSPORTATION PERMISSION SLIP

Please be advised that the student below is enrolled in our center's Summer Camp Program. The student's parents have given our center permission to transport the child named below from the center to our designated trip locations throughout the Summer Camp program. Any questions please contact us at (732) 934-5088.

_____ Yes, I give my child permission _____ No, I do not give my child permission

Child's Name: _____ DOB: _____

Child's Address: _____

Parent(s) Name: _____

Parent(s) Phone #: _____

Parent(s) Signature: _____ Date: _____



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FIELD TRIP PERMISSION SLIP

Dear Parent(s),

All Star's Academy, LLC is planning a field trip. Please read and sign the following permission slip granting or declining your child to participate in this field trip.

Trip Date: July 2023 -August 2023 Departure Time: Varies 9am-2pm Arrival Time: 3pm

Trip Location: Majestic Lanes, AMC Theatre, 5 Star Swim School, Chuck E Cheese, Johnson's Park,
Woodbridge Community Center, Local Parks

Transportation will be provided via:

Center Bus Leased Bus

Driver(s) will be:

Center's Employees Leased Bus Company's Staff

Comments: _____

(Please check one)

_____ I hereby give my child permission to attend the field trip stated above and to receive emergency care if necessary.

_____ I do not give my child permission to attend the field trip stated above.

Child(s) Name(s): _____

Parent(s) Signature: _____ Date: _____

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