



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) 442-6000.

\_\_\_\_\_ Yes, I give my child permission      \_\_\_\_\_ No, I do not give my child permission.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_

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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): \_\_\_\_\_

Parents Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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