



# summer at daystar

## 2024 Summer Experience Registration Form

Please fill out ALL information below & return your application to the Daystar front office.

**Cost: \$500**

\*50% deposit required to hold your child's place/full balance & All Paperwork due May 01, 2024

**Note: All Grades are Rising (Fall 2024)**

Summer Experiences (Please select 1 )

<input type="radio"/> BOYS 3 <sup>rd</sup> -5 <sup>th</sup> Emotional Regulation	June 03-06	(10a-3p)	Led by Don Logan
<input type="radio"/> BOYS 6 <sup>th</sup> - 7 <sup>th</sup> The Way Out	June 10-13	(10a-3p)	Led by Don Logan
<input type="radio"/> BOYS 7 <sup>th</sup> -8 <sup>th</sup> Boys to Men	June 17-20	(10a-3p)	Led Sherman Bucher
<input type="radio"/> GIRLS 1 <sup>st</sup> - 3 <sup>rd</sup> Inside Out	June 24- 27	(10a-3p)	Led by Shannon Flynn
<input type="radio"/> GIRLS 4 <sup>rd</sup> - 5 <sup>th</sup> Inside Out	July 22-25	(10a-3p)	Led by Shannon Flynn

### Contact Information

Camper's Name \_\_\_\_\_ Age & Date of Birth \_\_\_\_\_  
Grade (Rising) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Parents' Names \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Home or Work Phone \_\_\_\_\_

**\*Counselor Who Recommended Camp/Experience (Required):** \_\_\_\_\_

\* Do you need scholarship/financial assistance? \_\_\_\_\_

### Medical Information

Any medical/diet/physical restrictions: \_\_\_\_\_  
Any allergies (food, plant, insect, etc.) \_\_\_\_\_  
Any medical conditions \_\_\_\_\_  
Current medications \_\_\_\_\_  
Any previous psychological testing? \_\_\_\_\_ Findings? \_\_\_\_\_  
Has your child been hospitalized in the last year? \_\_\_\_\_ How long? \_\_\_\_\_ Reason? \_\_\_\_\_  
Pediatrician/Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

### General Information

Please share information concerning your child that would be helpful in making his/her Day Camp experience more enjoyable:

Please indicate any significant changes in the family (separation, divorce, death, illness, etc.): \_\_\_\_\_

Please share any behavioral or emotional issues you have noticed in your child: \_\_\_\_\_

Please express any concerns/goals you have regarding your child's social interactions:

With Family: \_\_\_\_\_

With Friends & Peers: \_\_\_\_\_

With Adults: \_\_\_\_\_

Please share any other goals you have and what you hope your child will gain from his/her Summer Day Camp experience:

\_\_\_\_\_