

PRIVATE SUBSIDY



DATE LUNCH APP REC'D:

P F R

Before & After School Program
Summer Camp

SUMMER REGISTRATION

SUMMER CAMP, YEAR: 20_____

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 THE 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 THE 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 personnel 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: _____

165 Washington Street, Perth Amboy, NJ 08861
Phone: 732-442-6000 Fax: 732-442-6001
Email: admin@allstarsacademyllc.com



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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, camps, and programs. I give ALL STARS ACADEMY permission to use the pictures/videos of my child for the ALL STARS ACADEMY promotional and marketing materials such as newsletters, local newspapers, websites 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 ALL STARS ACADEMY programs.

Parent's Signature _____ Date: _____



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TRANSPORTATION PERMISSION SLIP

Please be informed that the student listed below is enrolled in our center's Summer Camp Program. The student's parents have granted permission for our center to transport the child to designated trip locations throughout the program. If you have 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: _____

Parent(s) Name: _____

Parent(s) Phone #: _____

Parent(s) Signature: _____ Date: _____



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FIELD TRIP PERMISSION SLIP

Dear Parent(s),

All Stars Academy, LLC organizes field trips. Please review and sign the permission slip below to either grant or decline permission for your child to participate in this event.

Trip Date: July 2025 -August 2025 Departure Time: Varies 9 am-2 pm Arrival Time: 3 pm

Trip Location:

- Majestic Lanes
- AMC Theatre
- 5 Star Swim School
- Chuck E Cheese
- 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: _____

Child(s) Name(s): _____

(Please check one)

_____ I hereby **GIVE** my child permission to attend the field trips stated above and to receive emergency care if necessary.

_____ I **DO NOT GIVE** my child permission to attend the field trip stated above.

Parent's signature:

Date:
