



Camp Year: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_  
Last First Middle Nickname

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering Fall 2017: \_\_\_\_\_  
MM/DD/YY

Name of Current School: \_\_\_\_\_

Name of other Camps Attended: \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name: \_\_\_\_\_  
Title Last First Middle

Father's Address (If Different): \_\_\_\_\_  
Street City State Zip

Father's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_ Year Graduated (If Saint James Graduate: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Title Last First Middle

Mother's Address (If Different): \_\_\_\_\_  
Street City State Zip

Mother's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_ Year Graduated (If Saint James Graduate: \_\_\_\_\_  
\_\_\_\_\_

Student Resides with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Stepfather \_\_\_ Stepmother

If divorced or separated, who has legal custody of the child? \_\_\_ Mother \_\_\_ Father \_\_\_ Other  
(please specify if other: \_\_\_\_\_)

If divorced or separated, who has physical custody of the child? \_\_\_ Mother \_\_\_ Father \_\_\_ Other  
(please specify if other: \_\_\_\_\_)

Correspondance should be sent to: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_\_\_ Other

**Camp Year:** \_\_\_\_\_

**TO BE COMPLETED BY PARENTS. PLEASE FULLY COMPLETE EACH PORTION**

Has the applicant ever been suspended from any school or program: \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the applicant ever been asked to withdraw from any school or program: \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the applicant ever committed a major violation to a school or program's disciplinary code but not been suspended or asked to withdraw: \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Camp STJ? \_\_\_\_\_

Why do you want your child to attend Camp STJ? \_\_\_\_\_

\_\_\_\_\_  
What do you want your child to accomplish by attending Camp STJ? \_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY THE APPLICANT**

What are your favorite activities to do during the summer? \_\_\_\_\_

\_\_\_\_\_  
What do you look for in a friend? \_\_\_\_\_

\_\_\_\_\_  
How do you respond when your friend does something that you know is wrong? \_\_\_\_\_

\_\_\_\_\_  
What are your favorite activities and subjects at school? Why? \_\_\_\_\_

\_\_\_\_\_