

# AILEYCAMP APPLICATION

Kansas  Missouri

All information supplied on this application is kept confidential.

Please submit this for to: aileycamp@kcfaa.org.

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Student ID #                      Gender

\_\_\_\_\_  
Address                      City, State                      Zip Code

\_\_\_\_\_  
Parent or Guardian Name                      Relationship                      Daytime Telephone                      Evening Telephone

Age	Birthdate / /	Height	Weight	Shoe Size	T-Shirt Size	Short Size	Leotard Size (girls only)
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What is the name of your school? \_\_\_\_\_

What grade are you in now? (Circle one)                       6<sup>th</sup>                       7<sup>th</sup>

Are you on the free or reduced lunch program? (Circle one)                       Free                       Reduced                       Neither

Do you have to attend summer school? (Circle one)                       Yes                       No

Have you applied to AileyCamp before? (Circle one)                       Yes                       No                      When? \_\_\_\_\_

Has anyone in your family ever gone to AileyCamp?                       Yes                       No                      What year? \_\_\_\_\_

If yes, please give his/her name and relationship to you.                      Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you had any physical injuries in the last 3 years? (Circle one)                       Yes                       No

If you are NOT selected for AileyCamp this summer, what will you do? \_\_\_\_\_

AileyCamp serves youth of all races. It is helpful to identify the ethnic origin of our campers. (Please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> African-American       | <input type="checkbox"/> Hispanic        |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian              | <input type="checkbox"/> Other           |

Who do you live with? (Please check all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Grandparents                 |
| <input type="checkbox"/> Mother       | <input type="checkbox"/> Aunt/Uncle                   |
| <input type="checkbox"/> Father       | <input type="checkbox"/> Other (Please specify) _____ |

How many brothers and sisters do you have? \_\_\_\_\_ How old are they and where do they go to school?

Name	Age	School

**My child has my permission to apply to AileyCamp.**

\_\_\_\_\_ A parent or guardian must sign here

\_\_\_\_\_ Date

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