

Sterling S.T.A.R.Z. Camp

Sterling's Technically Adaptable Remote learning Zone

STARZ Camp Application

Camper's name: _____ D.O.B. _____

Age (as of Sept. 1, 2020) _____ Grade going into: _____

Primary Guardian's name: _____

Primary phone number: _____

Email address: _____

Address, City, State: _____

School: _____

School schedule (if known): _____

Are you interested in weekly enrollment or monthly enrollment? _____

Will a 9 am to 3 pm daily schedule work for your family? _____

This STARZ Camp application is not a guarantee that your child will be selected for admission to our program. Due to limited resources, along with COVID-19 mandates and Sterling Gym safety protocols, we will only be able to accept a limited number of campers. Please understand that our intention is focused on maintaining the same safe, fun, and trusting environment our customers have known for the past 28 years. Your acceptance into this program will be emailed to you no later than Aug. 24, 2020. Your signature below is your indication that you have read, understand, and agree to the statements listed on this application.

Print name

Signature

Date

