

AILEYCAMP WEB APPLICATION

Kansas **Missouri** All information supplied on this application is kept confidential.
Please print and return by mail to KCFAA

First Name Middle Initial Last Name Student ID # Gender

Address City, State Zip Code

Parent or Guardian Name Relationship Daytime Telephone Evening Telephone

Age | / / | Height | Weight | | Shoe Size | T-Shirt Size | Short Size | Leotard Size (girls only)

What is the name of your school? _____

What grade are you in now? (Circle one) 6th 7th

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? _____

Have you attended AileyCamp before? (Circle one) Yes No When? _____

Has anyone in your family ever gone to AileyCamp?
If yes, please give his/her name and relationship to you. Yes No What year? _____
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)

African-American Hispanic
Asian/Pacific Islander Native American
Caucasian Other

Who do you live with? (Please check all that apply)
Both Parents Grandparents
Mother Aunt/Uncle
Father 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