

WESTMINSTER

SCHOOL FOR
YOUNG CHILDREN

EST. 1969

Application for Summer Camp

Last Name	First Name	Middle Name
Address		
City	Zip Code	Phone Number
Email Address		

Education

Schools	Name and Location	Course of Study	Degree/Diploma
High School			
College or University			

Experience/Work History

Name of Employer	Address		
Job Title	Supervisor's Name	May we contact employer? Yes No	
Dates Employed	Contact Number		
Description of Duties			

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever had an abuse, neglect or child maltreatment substantiation? Yes _____ No _____

If yes, please explain. _____

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I also understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed.

Signature of Applicant _____ **Date** _____

Summer Camp Weeks

Availability (Check all that apply)	Session	Dates
	1	June 2 nd -6 th
	2	July 14 th -18 th
	3	July 28 th -August 1 st
	4	August 11 th -15 th