



2012 Summer Registration



119 Myrtle Street ~ Duxbury, MA 02332
 Phone: (781) 834-2700 ext. 28 Fax: (781) 834-2701
 www.crossroads4kids.org
 Email: registrar@crossroads4kids.org

Name of Participant: _____

E-mail Address: _____

Sex: M F Birth Date: _____ Current School: _____

Primary language spoken at home? ___ English ___ Spanish Other (What language?) _____

School You'll be Attending in September: _____

Parent / Guardian Information:

Name of the Adult(s) with Whom this Teen Lives? _____

Relationship to Teen? _____

Home Address: _____ City _____ State _____ Zip _____

Daytime Phone: () _____ Home Work Cell: () _____

Evening Phone: () _____ Home Work Parent's E-mail : _____

Adults who live in the home with this teen: Mother Grandmother Adult Brother or Sister
 Father Grandfather Other: _____
 Mother and Father Both Grandparents _____

Additional Contact: *Another adult who can be contacted at a different phone number in case of emergency.*

Name of the Adult: _____

Relationship to Teen: _____

Daytime Phone: () _____ Home Work Evening Phone: () _____

Cell/Pager: () _____ Home Work E-mail Address: _____

Registration:

Lantern: Entering Grade 9 Camp Lapham	<input type="checkbox"/> Session 1 (25 Days)	Sunday, July 1 – Wednesday, July 25	Cost Per Session	\$750	For further financial assistance, please refer to the Financial Aid insert form.
	<input type="checkbox"/> Session 2 (25 Days)	Tuesday, July 31 – Friday, August 24		\$750	
Hammer: Entering Grade 10 Camp Lapham, Wyoming Trek	<input type="checkbox"/> Session 1 (25 Days)	Sunday, July 1 – Wednesday, July 25	\$750		
	<input type="checkbox"/> Session 2 (25 Days)	Tuesday, July 31 – Friday, August 24	\$750		
Compass: Entering Grade 11 Camp Lapham, College Tour	<input type="checkbox"/> College Tour (6 Days)	Monday, July 16 – Saturday, July 21	\$250		
Medallion: Entering Grade 12 Camp Lapham, ACT Now Summit	<input type="checkbox"/> ACT Now Summit (7 Days)	Sunday, July 8 – Saturday, July 14	\$250		

* The cost for C5's annual programming is greatly reduced from the actual per child cost to run Crossroads programs thanks to significant fundraising efforts and generous donations to Crossroads for Kids. Actual costs C5 costs are approximately \$3,000 per child per year.

Transportation: Please indicate your preferred mode of transportation both to and from Camp Lapham.

To Camp:

- Take bus from Boston
- Take bus from the Keith School on W. Elm Street
- Drive directly to Camp Lapham

From Camp:

- Take bus to Boston
- Take bus to the Keith School on W. Elm Street
- Pick up directly from Camp Lapham

Method of Payment for Deposit: Please be sure to include a \$50 deposit. Applications received without the \$50 deposit are considered incomplete and will not be processed until payment is received. No personal checks please.

- Money Order
- Cash (please do not mail)
- Credit/Debit Card (MC & Visa only):

 exp __/__/__
 Security Code (3 digits on back of card) ___ __

Parent or Guardian's Education Level: Please indicate the highest level of education for each adult in the home with an 'X'. This information is collected for research purposes and is kept confidential.

Relationship to Teen:	<u>Adult #1:</u>	<u>Adult #2:</u>	<u>Adult #3:</u>	<u>Adult #4:</u>
▪ Some High School				
▪ High School Graduate/GED				
▪ Tech/Trade School Grad				
▪ Some College				
▪ Associates Degree				
▪ College Degree				
▪ Graduate Degree				

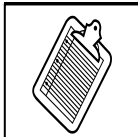
C5 New England Participation Agreements



Consent to Use Films and Photographs

I give permission to Crossroads for Kids/C5 New England to use films and photos of my child to promote the program. This includes appearances in brochures, print advertisements, commercials, television news stories, newspaper interviews, videos or documentaries, and other media.

Initial One
 ___ Yes
 ___ No



Consent to Participate in Surveys & Data Collection

I consent to my son or daughter taking several written surveys while at camp. I understand surveys take about 30 minutes, consist of answering questions about camp and behavior, and that responses are confidential. Completing surveys is a requirement of participation.

Initial One
 ___ Yes
 ___ No



Permission to Release Contact Information

I grant permission for my child's name, address, phone number, & e-mail address to be included in a directory distributed to youth & staff. C5 New England never releases data to vendors or anyone not affiliated with the program. I understand that C5 New England Coca-Cola cannot control how others use this information and I accept full responsibility for consequences of releasing this contact information.

Initial One
 ___ Yes
 ___ No



Permission to Access Grade Reports

I grant permission to C5 New England to access my child's grade reports and attendance records through his/her school. My child's report card may be photocopied. I understand this is for the purpose of assessing C5's impact on academic performance.

Initial One
 ___ Yes
 ___ No



Acknowledgement of Responsibility Around Internet Use

Networking sites like *myspace* and *facebook* are not allowed at camp. Internet use is supervised and mostly limited to research. C5 New England recommends parents monitor their child's online activities through the year. C5 is not responsible for online interactions between youth or what may occur as a result. Youth who use the internet to circulate vulgar material or say damaging or threatening things may be dismissed.

Initial One
 ___ Yes
 ___ No

**Permission to Participate, Acknowledgement of Risk,
Assumption of Risk, Release of Liability and Indemnification**

Signing this document indicates that you understand and agree to the terms and conditions for participating in C5 New England/Crossroads for Kids. Your signature is voluntary, but it is required for your child to participate.

I, _____, am the parent or legal guardian of _____.

Parent/Guardian

Student/Participant

1. **Acknowledgement of Risk:** I understand that there are risks and the potential for injury involved in attending an outdoor camp and in activities like paddling a canoe, riding a horse, rock climbing and rappelling, swimming, and backpacking in the mountains. I understand my child will participate in activities like these while part of C5 New England. These risks include, but are not limited to, falling, injury or illness in a remote area far from medical care, encounters with animals or inclement weather, and other forces of nature. I understand that although C5 New England/Crossroads for Kids has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible to guarantee absolute safety.

I have read and understand the general information provided by C5 New England/Crossroads for Kids describing this experience in which my child is participating.

2. **Permission to Participate:** I willingly give permission for my child to participate in camp activities including, but not limited to, swimming, canoeing, whitewater rafting, caving, climbing, ropes courses, mountain biking, hiking in the woods, horseback riding, overnight camping in remote areas, and like activities. I give permission for this minor child to participate in all aspects of C5 New England including trips away from camp and transport by van, bus, and commercial air carrier. I give my permission to participate in spite of and with knowledge of the inherent risks.
3. **Assumption of Risk:** I agree that my child is responsible for following all rules and regulations established by C5 New England/Crossroads for Kids. I understand that allowing my child to participate in this experience is purely voluntary. I assume and accept full responsibility for my child and for injury and loss of personal property and expenses suffered by me or my child as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, or injury or loss that results from my child's negligence or otherwise wrongful conduct in participating in these activities.
4. **Liability Release and Indemnity:** As the parent or legal guardian of this minor student who is participating in the C5 New England/Crossroads for Kids program, I agree, to the fullest extent allowed by law, for myself and on behalf of the minor child, as follows:
- a) To release and discharge C5 New England/Crossroads for Kids, its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (hereafter referred to individually and collectively as "Released Parties") and its activities from any and all claims of injury or loss which this minor child may suffer, arising out of or in anyway related to his/her participation in the activities of C5 New England. I understand that in signing this document I surrender all rights for myself and the minor child to make a claim or file a lawsuit against a Released Party except in cases of intentional wrongs or the gross negligence of the C5 New England/Crossroads for Kids.
 - b) To defend and indemnify (that is, protect by payment or reimbursement, including attorney's fees and costs) any and all discharge C5 New England/Crossroads for Kids, its agents, employees, trustees, officers, contractors and all other persons or entities associated with it and its activities from any claim which may be brought by the minor child, a co-participant, rescuer or any other person, including a member of my or the minor child's family, asserting a loss, including by reason of my, or the minor child's injury or death, which may arise from or in anyway relate to the child's participation in the activities of C5 New England including any claim arising out of or in anyway related to transportation or other occurrences to and from an activity or use of C5 New England equipment or facilities.

I understand that I may contact the office during business hours at 781-834-2700 to file any grievances.

I have carefully read this acknowledgement and sign this of my own free will.

X

Parent or Guardian Signature: _____ **Date:** _____

C5 NEW ENGLAND/CROSSROADS FOR KIDS CAMPER / PARENT AGREEMENT

The C5 NEW ENGLAND/CROSSROADS FOR KIDS program has established some important policies and rules in order to ensure the emotional and physical safety of all program participants. Please initial below next to each policy category to show that you have read and understood the policies and rules document.

_____ **BASIC POLICIES AND RULES**

Safety, Honesty, Respect for Self, Others and Community, Sexual Harassment, Drugs and Alcohol, Camp Jurisdiction

_____ **EXPECTATIONS ABOUT INTIMATE BEHAVIOR**

Cabin Visitation, Public Displays of Intimacy, Private Intimate Behavior

_____ **HEALTH AND SAFETY**

Tobacco and tobacco products, Weapons, Fireworks and Fire, Cleanliness and Self-care

_____ **DRESS**

Clothing, Shoes, Head Gear, Jewelry

_____ **CABINS**

Boundaries, Room cleanliness

_____ **DISCIPLINARY ACTION**

Minor policy / rule violations, Major policy / rule violations, "Need for significant action" contracts

I acknowledge that I have read the policies and rules of C5 NEW ENGLAND/CROSSROADS FOR KIDS and agree to abide by them as a participant in C5 NEW ENGLAND/CROSSROADS FOR KIDS.

Program participant name (printed): _____

X

Program participant signature Date

I acknowledge that I have read the policies and rules of C5 NEW ENGLAND/CROSSROADS FOR KIDS and agree to assist my teen in understanding and adhering to these policies throughout their participation in C5 NEW ENGLAND/CROSSROADS FOR KIDS program. I also agree to support the Directors and staff of C5 NEW ENGLAND/CROSSROADS FOR KIDS in upholding these important policies and rules.

Parent/guardian name (printed): _____

X

Parent Signature Date



INCOME ELIGIBILITY FORM FOR THE SUMMER FOOD SERVICE PROGRAM

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: ____ _ □ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Eligible _____ Not Eligible _____
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

USDA Form February 2011
ESE Form March 2011

Health Information:

Health form for all programs conducted at

Camp Wing/Duxbury Stockade – Camp Mitton – C5 New England/Camp Lapham



All participants must, according to state regulations, have this form completed and signed for camp attendance. **For participants under 18 years old: A parent or guardian must complete and sign this form at the bottom of this page.** Participants must have a physical conducted within 24 months of attendance, signed by a physician. You may use the physician section form included, or attach a copy of a physical from your physician.

Name _____ Social Security Number _____ Birthdate ____ / ____ / ____ Age ____ M or F

Parent/Guardian Name _____ Home Phone _____ Work _____ Cell _____

Home Address _____

INSURANCE Name & Address: _____ Subscriber: _____

Policy/Id #: _____ Group #: _____ Phone #: _____

EMERGENCY CONTACT: Every effort will be made to contact the parent/guardian in the event of an illness or other problem. Please indicate **2 other persons** who know your child, who have **authorization for transportation**, and who may be contacted if necessary.

Name _____ Relationship _____ Telephone _____ Cell/Pager _____

Name _____ Relationship _____ Telephone _____ Cell/Pager _____

Name of family physician _____ Office Phone: _____ Location _____

Name of family dentist/orthodontist _____ Office Phone: _____ Location _____

GENERAL QUESTIONS (explain yes answers below):

- | | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Has/does the participant: | YES | NO | | YES | NO |
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wear glasses, contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have any skin problems (e.g., itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had any problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have a history of bed-wetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If female, have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Please explain any "yes" answers, noting the number of the questions. Also, use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware:

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication Allergies (list)

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

For official use only—Program (check): Camp Wing Day Camp Camp Wing Overnight
 Camp Mitton Camp Lapham Staff



LAST NAME

FIRST NAME

GENDER

DATE OF BIRTH (m/d/y)

AGE

MEDICATIONS BEING TAKEN: Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. **Bring enough medication to last the entire time at camp.** Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Reviewed by camp medical staff

(initial)

This person takes NO medications on a routine basis.

This person takes medications as follows: (Attach additional pages if needed for more medications)

Med # 1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med # 3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

This health history is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted. **Authorization for release of information.** I hereby authorize Crossroads for Kids to obtain and/or release whatever educational, psychological, or medical information and records as deemed necessary. **Authorization for Distribution of Prescriptions:** I hereby authorize Crossroads for Kids to administer, to the person herein described, the medications (listed above or prescribed while at camp by a physician), in accordance to the regulations listed in CMR101. **Authorization for Routine Medical Treatment:** I hereby authorize the Camp to give routine medical care as outlined in the standing orders for the camp. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp. I will assume all financial responsibilities for emergency treatment for me/or my child not covered by the camper medical insurance.

X Signature of Parent/Guardian _____ Date _____
Participants 18 or older may sign this form on their own behalf.

PHYSICIAN SECTION BELOW

Physician must fill out and sign this section. (Or, you may attach a copy of a signed physical done in the 24 months prior to camp that includes all this information.) Immunizations must also be completed by physician unless you attach an immunization history.)

I examined this individual on _____ (month/day/year). BP _____ Weight _____ Height _____

In my opinion, the above applicant IS IS NOT able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions: _____

Recommendations and Restrictions at Camp Treatment to be continued at camp	IMMUNIZATION HISTORY	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
_____	DTP	_____	_____	_____	_____	_____	_____
_____	TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
_____	Tetanus	_____	_____	_____	_____	_____	_____
_____	Polio	_____	_____	_____	_____	_____	_____
_____	MMR or	_____	_____	_____	_____	_____	_____
_____	Measles	_____	_____	_____	_____	_____	_____
_____	Mumps	_____	_____	_____	_____	_____	_____
_____	Rubella	_____	_____	_____	_____	_____	_____
_____	Haemophilus influenza	_____	_____	_____	_____	_____	_____
_____	Hepatitis B	_____	_____	_____	_____	_____	_____
_____	Varicella (chicken pox)	_____	_____	_____	_____	_____	_____

► **SIGNATURE, LICENSED MEDICAL PERSONNEL** _____ **DATE** _____

Printed Name _____ Title _____

Address _____ Phone _____

Financial Assistance "Campership" Application



Crossroads for Kids
 119 Myrtle Street ~ Duxbury, MA 02332
 Telephone (781) 834-2700 ~ Fax (781) 834-2701
 www.crossroads4kids.org
 email: registrar@crossroads4kids.org

Rates Per Session If qualified for Free/Reduced Lunch, you are automatically eligible for reduce fees as indicated here.



If you are qualified for Free/Reduced Lunch, you will automatically get this rate. You do not need to complete this application.

		Regular Rate	Rate if qualified for Free/Reduced Lunch
Lantern: Entering Grade 9 Camp Lapham	Session 1 (25 Days)	\$750	\$565
	Session 2 (25 Days)	\$750	\$565
Hammer: Entering Grade 10 Camp Lapham, Wyoming Trek	Session 1 (25 Days)	\$750	\$565
	Session 2 (25 Days)	\$750	\$565
Compass: Entering Grade 11 Camp Lapham, College Tour	College Tour (6 Days)	\$250	\$200
Medallion: Entering Grade 12 Camp Lapham, ACT Now Summit	ACT Now Summit (7 Days)	\$250	\$200

Instructions

*If you wish to receive financial support beyond the Free/Reduced Lunch Rate, you must qualify for Free/Reduced Lunch AND complete this application in its entirety AND provide the appropriate financial documentation.

Please call the main office if you have any questions while filling out this form.

Sending an incomplete or incorrect form will delay your application and may result in funds not being awarded.



A Complete Financial Assistance Application consists of...

- Completion of the camp admission application (8 pages)
- \$50 deposit *per session*
- Supporting Financial Documents** from one of the two categories below

If you file taxes:

- A copy of your most recent Federal Tax form 1040 **AND**
- Copies of 2 recent pay stubs. If you do not get paid weekly, please indicate the period the stub covers

If you do not file taxes, are not working, or are living on fixed/state income, or if the child is a *foster child*:

- A copy of your income verification letter from said income source

**If this documentation is not submitted with your financial assistance application, your application will be returned to you unprocessed.*

Please Note: Allocation of awards will be based on availability of funding from **Crossroads for Kids**. The Financial Assistance Committee reviews complete applications in the order in which they were received. The review process takes approximately two weeks. Once assistance is awarded, you **will be notified** by telephone. *Please wait to call our office asking for information about your award until two weeks have passed and you have not heard from us. Once you accept the award, we will register your camper. A camper will not be registered for a particular session until the financial assistance award is accepted by you, or unless full payment can be guaranteed if the financial assistance is not awarded.*

Name of Head of Household _____ Occupation _____ Soc.Security # _____

Name of 2nd Adult Earner, if any _____ Occupation _____ Soc. Security # _____

Name and Age of *all others*, including children, living in house:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Telephone # we should call with questions and to inform you of aid award: () _____ - _____ This is my Home Work Cell

Please complete other side

Financial Assistance "Campership" Application Continued

Monthly Income

Household Wages (all earners combined): _____
 Child Support (all children combined) _____
 Other Income (please explain): _____

Total Household Income

(add all above lines) _____

Monthly Expenses

Rent/Mortgage _____
 Food _____
 Medical _____
 Car _____
 Phone _____
 Heat/Electric/Utilities _____
 Tuition/Education _____
 Other _____

Total Expenses

(add all above lines) _____

Please Answer ALL of the following:

Do you expect to receive financial assistance from any other agency to help pay for your child's camp fees?

- NO
 YES Which Agency? _____ How Much? \$ _____

How much are you able to pay towards your child's camp experience? (Please fill in for **each** session attending)

As you consider an amount, please keep in mind that for the time your child is at camp, he or she will receive all meals, snacks, supervision, laundry services, swim lessons, activity instruction, literacy development, and will not be using household resources at home.

Session 1 (14 Days): \$ _____ Session 2 (20 Days): \$ _____ Session 3 (20 Days): \$ _____

Please use this space to briefly explain why you are applying for financial assistance.

Please use this space to explain any additional special circumstances. Attach another sheet of paper if necessary.

To the best of my knowledge, the information included in this financial aid application is true and correct. I understand that in order for this application to be considered complete, the supporting financial documentation must be included. I further understand and agree that should my child receive campership dollars, he or she may be asked to acknowledge the award.

X Parent/Guardian Signature _____ Date: _____

DO NOT WRITE Below This Line

OFFICE USE ONLY

Notes:

APY: W1 W2 W3 M1 M2 M3
 ATY: W1 W2 W3 M1 M2 M3

SC	COST	CSHIP	FAM	LY
SC	COST	CSHIP	FAM	LY
SC	COST	CSHIP	FAM	LY

- Session 1 verified: fam agy: _____ dcf: _____ by: _____ date: _____
 Session 2 verified: fam agy: _____ dcf: _____ by: _____ date: _____
 Session 3 verified: fam agy: _____ dcf: _____ by: _____ date: _____