

2020 Day Camp Application



SUBMIT WITH REGISTRATION:

\$25 Nonrefundable Deposit

(for each session; applied toward your total fees payable via cash, money order, or credit card)

Spots fill on a first-come, first-served basis. Suggested deadline to apply: **May 15th**

- I would like my child to attend MORE THAN ONE session of camp.
- I would like my child to attend ONLY ONE session of camp.

Rank your top three choices (1-8). Once all paperwork is received, you will be contacted regarding availability

<input type="checkbox"/>	Day Camp Week 1 June 1-5	<p>Themes coming soon!</p>
<input type="checkbox"/>	Day Camp Week 2 June 8-12	
<input type="checkbox"/>	Day Camp Week 3 June 15-19	
<input type="checkbox"/>	Day Camp Week 4 June 22-26	
<input type="checkbox"/>	Day Camp Week 5 June 29-July 3	
<input type="checkbox"/>	Day Camp Week 6 July 6-10	
<input type="checkbox"/>	Day Camp Week 7 July 13-17	
<input type="checkbox"/>	Day Camp Week 8 July 20-24	



Mail application to:
Jameson Camp
 2001 Bridgeport Rd
 Indianapolis, IN 46231
 Or fax: (317) 241-2760

Camper Info

Child's Name _____

Date of Birth ____/____/____ **Age:** ____

Gender: Male / Female /

Address _____
Street

_____ City _____ State _____ Zip

School: _____

Current Grade: _____

Child's Ethnic and Racial Identities (Optional):
 Mark one ethnic identity: AND Mark one or more racial identities:

Hispanic or Latino Black or African American White
 Not Hispanic or Latino Pacific Islander Asian
 American Indiana or Alaskan Native

Child's Allergies (list all known): No known allergies
 Medicine Food Environment (insects, hay fever, etc) Other

Describe **what** the camper is allergic to, if it's **airborne/consumptive**, the **reaction** seen, and the **management** of the reaction: _____

Doctor's Name: _____

Doctor's Number: _____

★Does your child have insurance? (Circle) Yes No
If yes: Insurance Co. Name: _____
 Policy Number: _____

General Info

★Type of Family (check one): Two Parents Single Parent Care of Guardian Grandparent(s) Foster Care Other _____

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Phone: Home (_____) _____ Phone: Home (_____) _____

Work _____ Cell _____ Work _____ Cell _____

E-Mail Address _____ E-Mail Address _____

Relationship to Child _____ Relationship to Child _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

County of Residence _____ County of Residence _____

Ethnic and Racial Identities (Optional):
 Mark one ethnic identity: AND Mark one or more racial identities:

Hispanic/Latino Asian Black or African American White
 Not Hispanic/Latino American Indiana or Alaskan native Pacific Islander

Tell Us About Your Child!

The purpose of this information is to help us know and understand the child who has been entrusted to our care. Please be honest and comment fully, supplying whatever information we might need. It is of particular importance that we know of any health/activity restrictions or any emotional problems so that we may determine what special care, if any, your child may need.

Has your child ever been away from home without parents? Yes No

If yes, please describe: _____

Please **circle** the best response which fits your child so we may best serve him or her:

Does your child like to participate in physical activities? Yes Occasionally No

Can your child swim? Yes Some No

Does your child have difficulty managing emotions? (*e.g. has tantrums*) Yes Occasionally No

Is your child afraid of the dark? Yes Occasionally No

Does your child wet the bed? Yes Occasionally No

Has your child been diagnosed with any of the following? (*please check all that apply*) **No Diagnosis**

- | | | | |
|--------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anxiety/PTSD | <input type="checkbox"/> Autism | <input type="checkbox"/> Asperger Syndrome |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Developmental Disorder NOS | |
| <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Oppositional Defiant Disorder | <input type="checkbox"/> Other: _____ | |

How did you hear about Jameson Camp? (*please check all that apply - provide details in the blanks provided when applicable*)

- | | | |
|-----------------------------------------------|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Returning Camper | <input type="checkbox"/> Field Trip: _____ | <input type="checkbox"/> Camp Fair: _____ |
| <input type="checkbox"/> Family/Friend: _____ | <input type="checkbox"/> Agency: _____ | <input type="checkbox"/> Church: _____ |
| <input type="checkbox"/> School Flyer: _____ | <input type="checkbox"/> Internet: _____ | <input type="checkbox"/> Other: _____ |

What are some your child's strengths? _____

What are some of your child's interests, hobbies, and talents?

What are your child's greatest challenges? How do you handle these issues?

Has your child received services for significant psychiatric, emotional, or behavioral challenges in the past?

If yes, please list the challenges addressed, services received, and dates of services.

<u>Challenges Addressed</u>	<u>Services Received</u>	<u>Dates of Services</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any significant events occurred at home in the past year that has had an impact on your child?

(*e.g. divorce, death in the family*)

Please circle: **YES NO** (Please Explain – attach paper if necessary)

Have any significant events occurred at school in the past year that has had an impact on your child?

(*e.g. new school, bullying*)

Please circle: **YES NO** (Please Explain – attach paper if necessary)

Is your child in foster care? (*please circle*) Yes No

If there is anything else you wish to share about your camper, please do so here or attach an additional page.

★The following information is REQUIRED from each family (regardless of income level)★

Part 1. All Household Members

A. Names (First, Middle Initial, Last) (List <u>everyone</u> in the household)	B. Check all that apply		
	No income	Foster Child	Homeless, Migrant, Runaway

Part 2. Do any household members currently participate in any assistance programs: SNAP/TANF/FDPIR? (circle each that applies)
 If YES > Write a case number here _____ (Write only one case number in this space)

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

A. Name (List <u>everyone</u> with income)	B. Gross income and how often it was received (Example: \$100/month; \$100/twice a month; \$100/every other week; \$100/weekly)					
	Earnings from work (before deductions)		Welfare / Child Support, Alimony / Unemployment / Worker's Comp (etc.)		Social Security/ Pensions / Retirement / All other income	
(Example) Jane Smith	\$200.00	Weekly	\$150.00	Bi-weekly	\$100.00	Monthly

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

If Part 3 is completed or if no income is checked in Part 1, 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 below.)
 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: ____-____-____-____ OR I do not have a Social Security Number

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

We are required to ask for information about your children's race **and** ethnicity. This is important and helps us to make sure we are fully serving our community. Responding to this is optional and **does not** affect your child(ren)'s eligibility for any aspect of Jameson Camp's Programming.

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

Do not 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: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by - mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax:(202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Please read and initial the following:

PHOTO AND LIKENESS RELEASE: *Please check Yes or No in accordance with the following statement:*

I give permission to Jameson Camp, its nominees, agents and assignees and anyone publishing under its authority unlimited permission to use, publish and republish reproductions (photograph, film or recording) of my child’s likeness and voice with use of his/her name. I hereby agree to hold Jameson Camp harmless from any liability arising from the use of my child’s likeness, voice or name in conjunction with this agreement.

- Yes, I grant Photo and Likeness Release permission to Jameson Camp in accordance with the above statement.
- No, I **do not** grant Photo and Likeness Release permission to Jameson Camp in accordance with the above statement.

→→Parent/Guardian Initials: _____
Must check Yes or No with initials

FIELD TRIP PERMISSION: My child has permission to participate in any and all off-site field trips sponsored by Jameson Camp. Jameson Camp has my permission to transport my child to and from off-site events/activities.

→→Parent/Guardian Initials: _____

COMMUNICATION PERMISSION: I authorize Jameson Camp to use my e-mail address and cell phone number, if provided, to communicate via newsletter or text message.

→→Parent/Guardian Initials: _____

RELEASE OF INFORMATION WAIVER: I authorize Jameson Camp to release or receive pertinent information to or from my child’s referral partner(s). The nature of the information will be used to coordinate my child’s camping experience (supplement camper registration, follow-up reports, and other information necessary for my child’s camping experience and any other contact with staff before, during, or after my child’s camping experience). Jameson has an ethical obligation to respect my child’s right to privacy through the handling of information in a confidential manner; however, this does not preclude releasing information as required by law.

→→Parent/Guardian Initials: _____

I confirm that the information contained on and in this form is correct, so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted in writing on this application form by the child’s physician or me.

Parent/Guardian Signature: _____ Date: _____

Great Job! Double check that you have everything:

Due NOW:

- Completed Application
- \$25 deposit (for **EACH** session)
The \$25 deposit is NON-REFUNDABLE
- Camp Participation Agreement
- Challenge Adventure Participation Agreement
- Sponsorship Information (if sponsored by an outside source)
My child is being sponsored by:
Agency: _____
Contact Name: _____
Contact Phone: _____

Due on or before the 1st day:

- Health Form (pages 1-3 of yellow health form)
- Immunization Information (Copy of immunization records **OR** date of most recent tetanus shot and signature on p.3 of yellow health form to confirm immunizations are up to date)
- Full Payment (no personal checks)*
Overnight camp fees are based on household income.
Day camp fees are \$150 per week.
- Referral Form (optional but requested)
- Review Code of Conduct (in parent handbook) with camper

*Payments can be made by cash, money order, Visa or MasterCard or debit card. For payment by debit or credit card you will need to contact the camp office. **DEPOSITS are non-refundable.** For more information regarding our refund policy for remaining fees, please refer to our parent handbook.



NO Personal Checks are accepted.