

2020 Overnight Camp Application



SUBMIT WITH REGISTRATION:

\$25 Nonrefundable Deposit

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

& PROOF OF INCOME

(W2; paystubs; SSI; foster care per diem)

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 (1-3). Once all paperwork is received, you will be contacted regarding availability

<input type="checkbox"/>	Overnight Session 1 May 24-29, ages 7-11	<h2 style="color: #00AEEF;">Themes coming soon!</h2>
<input type="checkbox"/>	Overnight Session 2 May 31-June 5, ages 10-13	
<input type="checkbox"/>	Overnight Session 3 June 21-26, ages 9-12	
<input type="checkbox"/>	Overnight Session 4 June 28-July 3, ages 12-16	
<input type="checkbox"/>	Overnight Session 5 July 5-10, ages 10-13	
<input type="checkbox"/>	Overnight JC Juniors July 22-26, ages 7-10	
<input type="checkbox"/>	Youth Leadership	
<input type="checkbox"/>	ACE	
<input type="checkbox"/>	CIT	



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:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> American Indian 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:

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Pacific Islander | |

Ethnic and Racial Identities (Optional):

Mark one ethnic identity: **AND** Mark one or more racial identities:

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Pacific Islander | |

★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
- Proof of income**
(W2; paystubs; SSI; Foster Care per diem)
- \$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)*
- Physical Form – *(page 4 of yellow health form or any other form signed by physician/nurse practitioner)*
- 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.
Sibling discount available.
- 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.

