



SUBMIT WITH REGISTRATION:

\$25 Nonrefundable Deposit

(applied toward your total fees)

&

PROOF OF INCOME

W2; paystubs; SSI; Foster Care per diem



Mail application to:
Jameson Camp
 2001 Bridgeport Rd
 Indianapolis, IN 46231

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

Rank your top 3 choices and we will contact you with your camper's session once required paperwork is received

<input type="checkbox"/>	Session 1 June 3-8	Traditional Camp Ages 8-11
<input type="checkbox"/>	Session 2 June 10-15	Traditional Camp Ages 9-12
<input type="checkbox"/>	Session 3 June 17-22	Traditional Camp Ages 12-15
<input type="checkbox"/>	Session 4 July 8-13	Traditional Camp Ages 13-16
<input type="checkbox"/>	Session 5 July 15-20	Wellness Camp Ages 10-13
<input type="checkbox"/>	Session 6 July 22-29	Tataya Mato (Separate App) Ages 7-17 (Impacted by HIV/AIDS)
<input type="checkbox"/>	Session 7 August 1-5	JC juniors Ages 7-9
<input type="checkbox"/>	ACE	<i>By invite only – dates assigned</i>
<input type="checkbox"/>	CIT	<i>By invite only- dates assigned</i>

Camper Info

Child's Name _____

Date of Birth ____/____/____ Sex: M/ F Age: ____

Address _____

Street

City

State

Zip

School: _____

Current Grade: ____ 21st Century Scholar? YES/ NO

Child's Race (Optional): _____

Doctor's Name: _____

Doctor's Number: _____

★Does your child have insurance? (Circle) Yes No

If yes: Insurance Co. Name _____

Policy Number: _____

Name of Insured: _____

General Info

Parent/Guardian #1 _____

Phone: Home (____) _____

Work _____ Cell _____

E-Mail Address _____

Relationship to Child _____

Address _____

City/State/Zip _____

County of Residence _____

Race (Optional) _____

Total Number of People in Household _____

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

Parent/Guardian #2 _____

Phone: Home (____) _____

Work _____ Cell _____

E-Mail Address _____

Relationship to Child _____

Address _____

City/State/Zip _____

County of Residence _____

Race (Optional) _____

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: _____

Of the following developmental assets, circle those in which your child **shows strength**:

Motivation	Caring	Honesty	Peaceful conflict resolution
Responsibility	Decision making	Restraint	Self-esteem
Integrity	Cultural competence	Positive attitude	Patience

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 ----- 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
Does your child have a sleeping bag for camp? Yes ----- No

Has your child been diagnosed with any of the following? ADD/ADHD Oppositional Defiant Disorder Autism
(please check all that apply) Asperger Syndrome Bipolar Disorder Learning Disorder
 Develop. Disorder NOS Depression Other: _____

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

Returning Camper School: _____ Recommended by _____
 Family Member Friend Internet Email Facebook Advertisement:(type) _____
 Word of Mouth Church Field Trip Camp Fair: _____ Other: _____

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

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

Have any significant events occurred at home in the past year had an impact on your child? please circle
(e.g. divorce, death in the family) YES NO (Please Explain – attach paper if necessary)

Have any significant events occurred at school in the past year had an impact on your child? please circle
(e.g. new school, bullying) YES NO (Please Explain – attach paper if necessary)

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

FINANCIAL INFORMATION: FOR AGENCY AND GOVERNMENT USE

Part 1. Child enrolled in Camp

Name (First, Middle Initial, Last)	Food Stamp, TANF, FDPIR, SSI or Medicaid case # (if any):
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Part 2. Foster Child: If this is a foster child check here () and write the child's per diem here: \$ _____.
 Send or attach documentation regarding per diem for each child. Complete this part and skip to Part 4.

Part 3. Total Household Gross Income—REQUIRED INFORMATION

A. Name (List everyone in household, including children)	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	
<i>(Example) Jane Smith</i>	<i>\$200/weekly</i>	<i>\$150/weekly</i>	<i>\$100/monthly</i>		<input checked="" type="checkbox"/>
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<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 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.

Signature of Adult: _____ Print name of Adult: _____
 Date: _____ Social Security Number: ____ - ____ - _____
 OR I do not have a Social Security Number (check box if applies):

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

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <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
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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 Food Stamp, 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.

COMPLETED BY STAFF ONLY: Monthly income conversion: Weekly x 4.33, Every Two Weeks x 2.15, Twice a Month x 2

Food Stamp/FDPIR/TANF household categorically eligible free: YES NO

Total Income: _____/month Household size: _____ Eligible: _____ Not Eligible: _____

Determining Official's Signature: _____ Date: _____

Please read and **initial** the following in the boxes to the **right**:

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:** _____

RELEASE OF INFORMATION WAIVER: I authorize Jameson Camp to release or receive pertinent information to or from my child's recommendation agent(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 application)**
- Camp Participation Agreement
- Challenge Adventure Participation Agreement
- Recommendation (optional but requested)
- Payment Contract (only if sponsored by an outside source)*

My child is being sponsored by: Agency/School: _____

Contact Phone Number: _____

Due on or before the 1st day:

- Health Form
- Copy of immunization records
- Full Payment (no personal checks)***
- Review Code of Conduct w/ each child

***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.

NO personal checks