



Send application to:  
**Jameson Camp**  
 2001 Bridgeport Rd  
 Indianapolis, IN 46231  
 FAX: 317-241-2762



This session of Summer Camp is for  
**children impacted by HIV/AIDS**

*Tataya Mato is an eight day / seven night camping program that not only offers the traditional camping experience but provides a safe environment for children to explore the challenges they face each day with HIV/AIDS in their lives.*

If you need an application for traditional camp sessions, please visit [www.jamesoncamp.org](http://www.jamesoncamp.org) or call 317-241-2661 to request one

**Session 6: Tataya Mato**  
**Ages 7-17 years old**  
**July 22-29, 2012**

**Your Checklist!**



**DUE NOW:**

- Completed Application
- Camp Participation Agreement
- Challenge Adventure Participation Agreement
- Recommendation (optional but requested)
- HIV/AIDS Program Permission (OPTIONAL: see pg.3)

**DUE BY JULY 22<sup>nd</sup>:**

- Health Form
- Copy of immunizations
- Review Code of Conduct w/each child

**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 _____	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 _____
Race (Optional) _____	Race (Optional) _____
Total Number of People in Household _____	
★Type of Family (check one): <input type="checkbox"/> Two Parents <input type="checkbox"/> Single Parent <input type="checkbox"/> Care of Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Care	

## 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?**

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

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**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)

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**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)

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

**FINANCIAL INFORMATION: FOR 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 <b>everyone</b> 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 <b>NO</b> 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 eligibly 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:** \_\_\_\_\_

**STATUS VERIFICATION**

Tataya Mato is a disclosure camp which means that our campers must already know their status, before attending camp if they are infected; Or they must know the HIV/AIDS status of their infected family member.

In accordance with the above statement, I verify that this child is aware of how they are impacted by HIV/AIDS.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_



**PERMISSION FOR STATUS DISCLOSURE**

From time to time, Jameson Camp works with partner agencies, like Camptown, for purposes of leading trips with our teens. Because Camptown staff would work in conjunction with Jameson staff for the direct care of emergency situations, I give the staff of Jameson Camp, Inc. permission to disclose my child's HIV/AIDS status to a partner agency, such as Camp Town, who has direct contact with my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_



**OPTIONAL: Permission to participate in HIV/AIDS programming:**

During Tataya Mato, enrichment activities may be offered to help campers better learn about and understand HIV/AIDS. These activities may include education sessions, presentations, and/or support groups. By signing below, I give permission for my child to participate in and learn from these activities during his/her camp session.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

