

CAMP HOLLIS 2009

ON-LINE CAMPER REGISTRATION APPLICATION FOR 8 YEAR OLD

SPRING 2009



Camp Hollis, owned and operated for over 60 years by Oswego County, is located on Lake Ontario near the city of Oswego. Each year we hold a Mini-camp session for children 8 years old (or entering the third grade in the fall). The program allows young children to experience overnight camping while keeping a short time period that most can handle. ***This year the Mini-camp will be held Wednesday, July 1st through Thursday, July 2nd, 2009.***

Program: Activities include swimming, hiking, arts and crafts, dramatics, sports, games, campfires, and much more.

Facilities: Camp Hollis includes cabins with counselor supervision, a swimming pool, a softball diamond, nature trails, and a dining hall. Our food service unit provides three nutritious meals and a snack each day. The camp's health center is staffed with a registered nurse in residence at all times.

Transportation: Parents are to bring children to Camp between 9:00 a.m. to 10:00 a.m. on July 1st and pick them up at 4:30 p.m. July 2nd.

Fees: **Camp Hollis fees are on a sliding scale (see Section II of application).** On the average it costs Camp Hollis \$65 per child for their week at camp; however, the fees for Oswego County children are reduced due to subsidizing from the County of Oswego, the Friends of Camp Hollis, and the United States Department of Agriculture (USDA) Summer Feeding Program. **Oswego County children in foster care and children receiving cash public assistance do not pay any fees.** Families experiencing extreme circumstances or difficulties may contact our office for options beyond the sliding scale.

On-line Registration: Follow instructions on page two. Children will be enrolled for camp on a first come, first served basis upon receipt of a completed application and fee (if applicable). Oswego County youth have the first opportunity to register for camp. **Deadline for applications is June 1, 2009.** Applications received after June 1st will be considered as openings occur.

For more information on Camp Hollis call our main office at the **Oswego City-County Youth Bureau (349-3451)** or check our website at www.oswegocounty.com/youth/hollis.

VISIT OUR OPEN HOUSE

Sunday May 31st, 2009
1:00 PM to 5:00 PM

See the camp, meet the staff, and help your child prepare to go to camp!

It is required that Camp Hollis be inspected twice a year. Reports are available for public inspection at the Environmental Division of the Oswego County Health Department, 70 Bunner Street, Oswego, New York 13126.

Camp Hollis accepts children with handicapping conditions and does not discriminate because of sex, race, color, or national origin.

HOW TO REGISTER A CHILD FOR CAMP HOLLIS ON-LINE:

- Fill out Form:** Complete Sections I and II, **SAVE AS A WORD DOCUMENT** and email the form as an attachment to jlosurdo@oswegocounty.com. **To determine a fee in Section II use the following guidelines:**

OSWEGO COUNTY RESIDENTS

- If child is an Oswego County foster child or receives cash public assistance, print the **Case No.** in Section II. Email completed application and USDA form as explained above. **Send no money.**

ALL OTHER CHILDREN:

- **Please refer to the chart in Section II to determine a fee to attend.** Use the total number of individuals living in the camper's home and total household income (including income from Child Support, SSI, Alimony, Unemployment, etc.) to determine the amount to be paid.
- If total household income falls in Category 1, mail a check for \$15 for each week. Follow instructions for USDA Form below.
- If total household income falls in Category 2, mail a check for \$25 for each week. Follow instructions for USDA Form below.
- If total household income falls in Category 3, mail a check for \$45 for each week.
- If total household income is above those in Category 3, mail a check for *\$60 for each week.

For inquiries regarding additional financial assistance, contact our main office at 349-3451.

OTHER COUNTY RESIDENTS

- Children who live outside of Oswego County may enroll for a limited number of camper slots. Submit application via email as explained above and mail a check for \$65 to the address below.
- USDA Form (Pink Form):** The United States Department of Agriculture (USDA) Summer Feeding Program=s funding helps Camp Hollis provide healthy meals for campers. The pink form in this application **MUST** be filled out if the applicant is in **foster care, receiving cash public assistance, or part of a family in Category 1 or Category 2.**

YOUR CHILD WILL NOT BE ACCEPTED TO COME TO CAMP UNTIL WE RECEIVE THE COMPLETED PAPERWORK AND REQUIRED PAYMENT DUE JUNE 1, 2009 APPLICATIONS RECEIVED AFTER JUNE 1ST WILL BE CONSIDERED AS SPACE ALLOWS.

MAKE CHECKS PAYABLE TO:	Oswego City-County Youth Bureau
MAIL TO:	70 Bunner Street Oswego, New York 13126

If after receiving an acceptance letter, your child is unable to attend, you must call the office to cancel your child=s attendance at camp. **THIS MUST BE DONE AT LEAST TWO (2) WEEKS PRIOR TO THE WEEK YOUR CHILD WAS TO ATTEND TO RECEIVE A FULL REFUND.**

***PLEASE NOTE: Fees for children to attend an overnight amini-camp@ at Camp Hollis do not cover the total cost of attendance. The actual cost is offset by Oswego County support, the Friends of Camp Hollis donations, and the USDA Summer Feeding Program. If you wish to help support Camp Hollis, you may contribute an amount greater than your sliding scale fee. While not required, it would be greatly appreciated.**

**CAMP HOLLIS
CAMPER APPLICATION FOR EIGHT YEAR OLD**

SECTION I

Child's Name _____ Last _____ First _____ Nick Name _____

Address _____ Street/Road/Route _____ City _____ Zip Code _____

Date of Birth ____/____/____ Age ____ Sex ____ County of Residence _____

School _____ Present Grade _____

Home Phone No. _____ Father's Work No. _____ Mother's Work No. _____

Name of Parent/Guardian _____

In the event parent/guardian cannot be reached and advice and/or permission is needed, the next responsible adult who is to be contacted locally is:

Name _____ Address _____

Phone No. _____ Alternate Phone No. _____ Relationship to Camper _____

I give my permission for my child's picture to be taken and used for publicity purposes only.

SECTION II

OSWEGO COUNTY RESIDENTS' FEE DETERMINATION (NON-RESIDENTS PAY \$65)

Foster Child: S ____ Case No. _____

Child Receiving Cash Public Assistance: PA ____ Case No. _____

GROSS INCOME ELIGIBILITY GUIDELINES

FEES (Circle Amount you will pay)	CATEGORY 1 <u>\$15</u> If total household income is equal to or less than:	CATEGORY 2 <u>\$25</u> If total household income is between:	CATEGORY 3 <u>\$45</u> If total household income is between:	\$60 CATEGORY
Number of Persons In Household	Include income from Child Support, Alimony, SSI, Unemployment, etc.			
1	\$13,520	\$13,521 - \$19,240	\$19,241 - \$27,040	If total household income is more than amount in CATEGORY 3
2	\$18,200	\$18,201 - \$25,900	\$25,901 - \$36,400	
3	\$22,880	\$22,881 - \$32,560	\$32,561 - \$45,760	
4	\$27,560	\$27,561 - \$39,220	\$39,221 - \$55,120	
5	\$32,240	\$32,241 - \$45,880	\$45,881 - \$64,480	
For each additional family member add	\$4,680	\$6,660	\$9,360	

My signature certifies that my total household income is accurate and indicated by the fee amount I have circled.

Parent/Guardian Signature _____ Check #/Name on Check _____

- FOR OFFICE USE ONLY -

Date Application Received _____

Date DSS Verification Letter Sent _____

USDA Form Required _____

Check or Money Order Date _____

Check No. _____ Money Order No. _____

Date Welcome Packet/Medical Form Sent _____

Friends of Camp Hollis _____

DSS Verification Letter Received _____

USDA Form Received _____

Amount _____

Medical Form Received _____