

CAMP HOLLIS CAMPER REGISTRATION

8 YEAR OLD OVERNIGHT

SECTION A: CAMPER INFORMATION

| | | | |
|---|------------|--|---------------------------------|
| Camper Name: (Last) _____ (First) _____ | | Nick Name: _____ | |
| Address: (Street/Road) _____ | | (City) _____ | (Zip) _____ |
| Date of Birth: / / | Age: _____ | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| School: _____ | | County of Residence: _____ | |
| Age By First Day of Camp: _____ | | ** Child must be 8 years old by the first day of camp. Please understand that age groups are set up to provide a happy and safe experience for our campers. | |
| Mother/Guardian: _____ | | Primary Phone: _____ | Alternate Phone: _____ |
| Father/Guardian: _____ | | Primary Phone: _____ | Alternate Phone: _____ |
| Emergency Contact: _____ | | Relationship to Camper: _____ | |
| Address: _____ | | Primary Phone: _____ | Alternate Phone: _____ |
| Authorized Pickups: People listed to pick up children must be 18 years of age or older and must have a photo ID with them when picking up children: (Please provide a different contact person and contact information from information listed above): Name _____ Relationship _____ (phone) _____ Name _____ Relationship _____ (phone) _____ Name _____ Relationship _____ (phone) _____ | | | |

CAMP OVER NIGHT DATE: JUNE 27-JUNE 28

SECTION B: SPECIAL PERMISSION

| | | | | |
|---|---------------------------|--------------------------|--------------------------|--------------------------|
| <i>*I give my permission for my child's picture to be taken it will be used for publicity purposes only.</i> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| <i>*I give my permission for my child to self-administer sunscreen to prevent over exposure to the sun.</i> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| **If you are in receipt of Public Assistance, you may be eligible for assistance with camp fees. If you give us a Temporary Assistance, Food Stamp, or Foster Care number, we need to verify the information you provide with the Oswego County Department of Social Services.** | PUBLIC ASSISTANCE # _____ | | FOSTER CARE CASE # _____ | |

NOTE: ** Once Camper Application and Payment is received then all other registration forms (Medical Form, USDA Form) will be sent and must be complete to finalize your spot for Camp Hollis. Completed Registrations are accepted on a first come, first served basis **

Families experiencing extreme circumstances or difficulties are encouraged to contact:
 Youth Bureau Office: (315-349-3451) OR Camp Hollis [May through October] (315-349-3241)
 for information regarding financial support beyond the sliding scale.

SECTION C: OSWEGO COUNTY RESIDENTS' FEE DETERMINATION
 (NON-COUNTY-RESIDENTS PAY \$75)

GROSS ANNUAL INCOME ELIGIBILITY GUIDELINES
 (Oswego County Residents, Please Calculate your Yearly Income and Use the Chart Below to Determine in Which Fee Category your Camper Fits. Out of County Residents Pay the \$75)

| Number of Persons in Household | Category # 1 | Category # 2 | Category # 3 | Category # 4 | OUT OF COUNTY RESIDENTS PAY \$75 |
|---------------------------------|----------------|---------------------|---------------------|---------------|---|
| 1 | Up to \$15,678 | \$15,679 - \$22,311 | \$22,312 - \$31,356 | Over \$31,356 | |
| 2 | Up to \$21,112 | \$21,113 - \$30,044 | \$30,045 - \$42,224 | Over \$42,224 | |
| 3 | Up to \$26,546 | \$26,547 - \$37,777 | \$37,778 - \$53,092 | Over \$53,092 | |
| 4 | Up to \$31,980 | \$31,981 - \$45,510 | \$45,511 - \$63,960 | Over \$63,960 | |
| 5 | Up to \$37,414 | \$37,415 - \$53,243 | \$53,244 - \$74,828 | Over \$74,828 | |
| For Each Additional Person Add: | \$5,434 | \$7,733 | \$10,868 | \$10,868 | |
| Based On Income, You Pay: | \$20 | \$30 | \$55 | \$70 | |

SECTION C: CAMPER DETERMINED FEE & PAYMENT INFORMATION

| | | | | | |
|----------------------------------|----------------|-----------------|-----------------|-----------------|------------------------|
| FEE DETERMINED: (circle one) | Cat.#1 \$20 | Cat. #2 \$30 | Cat. #3 \$55 | Cat. #4 \$70 | Non-County Fee \$75 |
| FORM OF PAYMENT: (circle one) | CASH | | CHECK | CREDIT CARD | |

Please check this box if you are applying for Financial Aid

PLEASE RETURN COMPLETED REGISTRATION FORM TO:

Oswego City/County Youth Bureau, 70 Bunner Street, Oswego, NY 13126

→ My signature certifies that my total household income is accurate as indicated by the fee amount I am paying ←

Parent/Guardian Signature:

-- FOR OFFICE USE ONLY --

| | | | |
|------------------------------------|--|--|---|
| Date Registration Received: | | Date Welcome Packet Sent: | |
| Full Registration information: | Photo Permission: <input type="checkbox"/> | Sunscreen Permission: <input type="checkbox"/> | Emergency Contact: <input type="checkbox"/> |
| Welcome Packet Info. Received: | Medical Form: <input type="checkbox"/> | Immunizations: <input type="checkbox"/> | USDA: <input type="checkbox"/> |
| Payment: | Amount Paid: \$ | CASH | CHECK/ MONEY ORDER |
| Date DSS Verification Letter Sent: | | Date DSS Verification Letter Received: | |