

CAMP HOLLIS CAMPER REGISTRATION

9-12 YEAR OLD RESIDENT WEEK

SECTION A: CAMPER INFORMATION

Camper Name: (Last) _____ (First) _____		Nick Name: _____
Address: _____ (City) _____ (Zip) _____		County of Residence: _____
Date of Birth: / /	Age: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
School: _____		Current Grade: _____
Mother/Guardian:	Primary Phone: _____	Alternate Phone: _____
Father/Guardian:	Primary Phone: _____	Alternate Phone: _____
Emergency Contact:		Relationship to Camper: _____
Address: _____		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) _____		

9-12 Year Old Resident Week Dates:	June 30-July 5 <input type="checkbox"/>	July 7-July 12 <input type="checkbox"/>	July 14 - July 19 <input type="checkbox"/>
	July 21 - July 26 <input type="checkbox"/>	July 28-Aug 2 <input type="checkbox"/>	

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 ** Shot records must accompany Medical Form****

**SECTION C: OSWEGO COUNTY RESIDENTS' FEE DETERMINATION
(NON-COUNTY-RESIDENTS PAY \$225)**

Number of Persons in Household	Category # 1	Category # 2	Category # 3	Category # 4	OUT OF COUNTY RESIDENTS PAY
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:	\$40	\$70	\$135	\$195	\$225

SECTION C: CAMPER DETERMINED FEE & PAYMENT INFORMATION

FORM OF PAYMENT: (circle one)	CASH	CHECK	CREDIT CARD
----------------------------------	------	-------	-------------



If paying by Credit Card, please go to www.govpaynow.com Use Pay Code 6652

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
315-349-3451**

→ 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"/>
Scholarship:	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:	