

CAMP HOLLIS
CAMPER APPLICATION FOR NINE TO FOURTEEN YEAR OLD

SECTION I

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

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

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

School _____ Present Grade _____

Name of Mother/Guardian _____ Name of Father/Guardian _____

Mother/Guardian Home Phone No. _____ Father/Guardian Home Phone No. _____

Mother/Guardian Work No. _____ Father/Guardian Work No. _____

Mother/Guardian Cell Phone No. _____ Father/Guardian Cell Phone No. _____

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 (Please provide a different contact person and contact information from information listed above):

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. ___ Yes ___ No*

**I give my permission for my child to self-administer sunscreen to prevent over exposure to the sun. ___ Yes ___ No*

SECTION II OSWEGO COUNTY RESIDENTS' FEE DETERMINATION (NON-RESIDENTS PAY \$225)

Foster Child: S _____

Child Receiving Cash Public Assistance: PA _____

Case No. _____

Case No. _____

GROSS ANNUAL INCOME ELIGIBILITY GUIDELINES- Category I or II see TANF form, send no money now.

FEES → (Circle amount you will pay)	CATEGORY 1 \$40 If total household income is equal to or less than:	CATEGORY 2 \$70 If total household income is between:	CATEGORY 3 \$135 If total household income is between:	CATEGORY 4 \$195 If total household income exceeds Category 3
Number of Persons In Household	Include income from Child Support, Alimony, SSI, Unemployment, etc.			
1	\$15,444	\$15,445 - \$21,978	\$21,979- \$30,888	If total household income is more than amount in CATEGORY 3
2	\$20,826	\$20,827 - \$29,637	\$29,638- \$41,652	
3	\$26,208	\$26,209 - \$37,296	\$37,297 - \$52,416	
4	\$31,590	\$31,591 - \$44,955	\$44,956 - \$63,180	
5	\$36,972	\$36,973- \$52,614	\$52,615 - \$73,944	
For each additional family member add:	\$5,408	\$7,696	\$10,816	

→ My signature certifies that my total household income is accurate as indicated by the fee amount I am paying: \$ ____.

Please check one: Paid by cash/check _____ Pay by credit card _____

Parent/Guardian Signature _____

SECTION III

Indicate your choice(s) for your child to attend by a check mark next to each week desired. We will make every effort to have your child attend for the week(s) you have indicated. **Please understand that age groups are set up to provide a happy and safe experience for our campers...no exceptions for age groups can or will be made.**

Families experiencing extreme circumstances or difficulties are encouraged to contact our office (315-349-3451) for information regarding financial support beyond the sliding scale.

Once Camper Application and Payment is received then all other registration forms (Medical Form, Immunization Record, 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.

Please check this box if you are applying for a scholarship

Please check this box if you need assistance with camp supplies*

*If you fall within category 1 or category 2 and need help with camp supplies (sleeping bag, swimsuits, etc.) please list a name and a number that we can use to contact you and see what we can do to assist.

Name: _____ Phone Number: _____

BE SURE TO SELECT "AGE-ELIGIBILITY WEEKS" WHEN MAKING CHOICES.

****If you are signing up for multiple weeks of Camp your top 2 preferences will be awarded. Additional weeks will be granted after July 7th pending availability.****

9 – 10 Year Olds*: June 25-June 30 _____ July 9- July 14 _____ July 23 – July 28 _____
*(By first day of Camp) _____

11 – 12 Year Olds*: July 2 – July 7 _____ July 16 – July 21 _____ July 30 – August 4 _____
*(By first day of Camp) _____

13 – 14 Year Olds*: August 6 – August 11 _____
*(By first day of Camp) _____

- FOR OFFICE USE ONLY -

Before application can be accepted and the application process is complete please make sure:

Date Application Received _____	Date Welcome Packet/Medical Form Sent _____
Medical Form Received: Yes _____ No _____	Up-to-Date Immunizations Received: Yes _____ No _____
USDA Form Required: Yes _____ No _____	Completed USDA Form Received: Yes _____ No _____
Photo/Sunscreen Permission Checked: Yes _____ No _____	
Alternative Emergency Contact Given: Yes _____ No _____	
Date DSS Verification Letter Sent _____	Date DSS Verification Letter Received _____
Check or Money Order Date _____	Amount Paid _____
Check No. _____	Money Order No. _____
Friends of Camp Hollis _____	