

Camp Wing – Duxbury Stockade – Camp Mitton
2012 Summer Registration



Crossroads for Kids
 119 Myrtle Street ~ Duxbury, MA 02332
 Telephone (781) 834-2700 ~ Fax (781) 834-2701
 www.crossroads4kids.org
 email: registrar@crossroads4kids.org

Camper Information

Camper's Name _____ Nickname _____ Birthdate ____/____/____
Last First month/day/year

Mailing Address _____ City _____ Zip _____
Please enter the address to which we should mail all confirmation materials and correspondence.

When camp starts, I will have **completed grade** ____ and after camp, I will **start grade** ____ at _____
School/Town

Home Telephone () _____ - _____ Gender: M F Age During Camp _____

Agency Information Fill this section out only if an agency is helping you with camp arrangements.

Name of sponsoring agency: _____

- DCF : Arlington Lawrence
 Cape & Islands Lowell
 Dimock St. Park St.
 Hyde Park Other _____

Agency Contact Person _____ Telephone Number _____

Agency representatives: to expedite the process please contact our office for a referral form

Transportation Information Please indicate how your child will travel to and from camp. Choose one option for "To Camp" and one option for "From Camp." **This information is used to make final travel rosters so please consider carefully which transportation option will work best for your family.**

To Camp:

- Take bus from Boston
 Drive directly to camp
 Cape Cod Bus (Camp Wing/Duxbury Stockade **ONLY**)

From Camp:

- Take bus to Boston
 Parent/Guardian pick-up directly at camp
 Cape Cod Bus (Camp Wing/Duxbury Stockade **ONLY**)

Registration Check the appropriate program and session

| | | | |
|---|--|-------------------------|-------|
| CAMP WING/DUXBURY STOCKADE boys & girls entering grades 1-7 | <input type="checkbox"/> Session 1 (14 Days) Fri., June 29 – Thu., July 12 | Cost Per Session | \$420 |
| | <input type="checkbox"/> Session 2 (20 Days) Sat., July 14 – Thu., August 2 | | \$600 |
| | <input type="checkbox"/> Session 3 (20 Days) Sun., August 5 – Fri., August 24 | | \$600 |
| CAMP MITTON boys & girls entering grades 1-7 | <input type="checkbox"/> Session 1 (14 Days) Fri., June 29 – Thu., July 12 | Cost Per Session | \$490 |
| | <input type="checkbox"/> Session 2 (20 Days) Sat., July 14 – Thu., August 2 | | \$700 |
| | <input type="checkbox"/> Session 3 (20 Days) Sun., August 5 – Fri., August 24 | | \$700 |
| C5 FLINTS AT CAMP WING Only for teens accepted in C5 program boys & girls entering grade 8 | <input type="checkbox"/> Session 2 (20 Days) Sat., July 14 – Thu., August 2 | Cost Per Session | \$600 |
| | <input type="checkbox"/> Session 3 (20 Days) Sun., August 5 – Fri., August 24 | | \$600 |



For further financial assistance, please refer to the Financial Aid insert form.

* The cost for each session is greatly reduced from the actual per child cost to run Crossroads programs thanks to significant fundraising efforts and generous donations to Crossroads for Kids. Actual costs range from \$1,160 to \$1,840 per child per session.

Names of siblings/relatives attending camp with this child (& how related):

Will your child attend another camp this summer? No Yes: Camp name/dates: _____



Family Information

Name of Parent/Guardian who lives in home with child: _____

Work () _____ - _____ Cell () _____ - _____ E-mail _____

Relation to Camper: _____ How long has child lived with this person? whole life or _____ years

In order to preserve our environment and continue to offer great service to kids at an affordable price, we are offering the option to receive information from camp electronically. Yes, I would like information sent to my email address when possible. No, I prefer information to be sent by mail.

Second Parent/Guardian: _____ Home Phone () _____ - _____

Lives with child? _____ Relation to Camper _____ Work Phone () _____ - _____

Yes No → Address _____ Town/Zip _____ Cell Phone () _____ - _____ Email: _____

Required Alternate Contact

Please indicate someone we may contact regarding your child should the parents/guardians be unavailable. In the event that the camper must leave camp for any reason, and the parent/guardian cannot pick him/her up, the person listed here would need to do so.

Name _____ Relation to Camper _____

Address _____ City _____ Zip _____

Home Telephone () _____ - _____ Work () _____ - _____ Cell () _____ - _____

Emergency Information

Please do not leave anything in this section blank. Check No if the question does not apply.

DOES YOUR CHILD HAVE ANY ALLERGIES OR SENSITIVITY TO MEDICATIONS? NO YES _____

Does your child have any other allergies (food, bee stings, etc.)? No Yes _____

Crossroads for Kids is not a peanut free environment, however our staff will make reasonable efforts to consider dietary restrictions, and exposure to food allergens.

Is there any other significant medical information that we would need to know in an emergency? No Yes _____

Method of Payment for Deposit

Deposit is \$50 per session and MUST be mailed with application. No personal checks.

I am enclosing a deposit for _____ sessions at \$50 each, for a total of \$ _____.

Money Order Cash* Credit Card # _____ exp ___ / ___ Type: MC VISA

* Please do not mail Cash

Signature

A parent or guardian **must sign** at the bottom of this page for this application to be considered complete.

Please read this section carefully before signing.

Session Length Agreement: I understand that in order for my child to get the most out of his/her camp experience, it is important for him/her to remain at camp for the full session. I have spoken with my child regarding this camp application and explained to him/her that going to camp is something very special and that not all kids get to do this. I am committed to having my camper at camp for the full camp session. My signature below signifies that, in order to fulfill this commitment, I am ready and willing to support camp staff who may be working through behavioral issues with my child. I also understand that the Director reserves the right to dismiss a camper when in his/her judgement, the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the camp's principle of conduct. If my child is asked to leave camp I understand that it is my responsibility to facilitate the process of getting him/her returned home. **Contact Information:** I understand that I must notify the camp office of any changes in my contact information (address, home or work number, etc.) between time of application and the end of camper attendance, so that I can always be reached for information or in the case of an emergency. I also agree that I will be available for the duration of my child's stay at camp in case camp staff needs to reach me. If for the some reason I must be unavailable, I will contact the camp office with contact information of a person who will be available and has permission to act in my place on behalf of my child. **Authorization for Information Release:** I authorize social service agencies, schools, clinics, or doctors to release information which the camp director feels necessary to best plan for my child at camp. I grant permission to Crossroads for Kids to access my child's grade reports and attendance records through his/her school. My child's report card may be photocopied. I understand this is for the purpose of assessing the program's impact on academic performance. **Understanding of Fee/Fee Schedule:** (For families not applying through an agency that pays for camp) I have studied the fees and schedules and understand the contents thereof. This application is subject to prior registrations. Enclosed is a \$50 deposit for EACH session. This is a part of the fee and not an addition. This is for administrative and processing expenses and is not refundable or transferable under any circumstances. I agree to pay the balance of the fee at least 45 days before the camp session begins, knowing that failure to do so may automatically cancel this application. No refund on balance of fees granted except in case of verified illness. **Promotional Materials:** Unless I cross out this section regarding promotional materials, I agree that photos/videos/other media may be taken of my child & may be used for future promotional materials, including the Crossroads for Kids Internet website. **Program Participation:** I understand that my child may participate in activities on or off-site provided by agencies collaborating with Crossroads for Kids. I authorize Crossroads for Kids to share with these organizations information about my child as deemed necessary for his/her well-being and successful participation. **Release:** I give permission for my child to attend Camp and participate in all programs, which may include activities off the camp premises. I agree that Crossroads for Kids, Inc. will observe all reasonable precautions for the care and protection of my child. I understand that staff selection policies and procedures including confirmation of background checks, and healthcare and discipline policies, are available to parents or guardians at their request. I understand that I may contact the office during business hours at 781-834-2700 to file any grievances. By signing this application, I hereby release and hold harmless the Camp, and its directors, officers, employees, agents, and representatives, from any and all damages, claims, injuries and liabilities, which may arise out of my child's attendance at Camp and out of his/her participation in any activities while in attendance.

X

Parent/Guardian Signature

Date _____



Camper History

The purpose of this form is to help us understand your child and provide an enjoyable and successful camp experience for him/her. All information will be handled confidentially and will be seen only by appropriate staff. Please complete both sides of the following questionnaire to the best of your ability. The more honest and detailed your answers are, the more useful they will be. Applications cannot be processed unless both sides of this Camper History page are completely filled out.

A. Camp Background

- Has your child attended camp here before?
 No
 Yes. Which Years? _____
- Has your child attended another camp program?
 No
 Yes, attended Day Camp
 Yes, attended Overnight Camp
- If your child has attended another camp program in the past, has he/she ever been asked to leave camp early?
 No
 Yes (Please explain.) _____

- One specific goal I would like my child to accomplish this summer is: _____

B. Family Background Please note, while these questions are optional we do ask that you fill them out to the best of your ability as they will help us to better serve your child and understand your family's needs.

- Parent/Guardian highest level of education completed?
 Some High School High School Graduate/GED
 Tech/Trade School Graduate Some College
 Associates Degree College Degree
 Graduate Degree
- Is English your child's second language?
 Yes
 No
- Primary language spoken at home:
 English
 Spanish
 Haitian/Creole
 Other _____
- Are you currently employed?
 Yes, full time
 Yes, part time
 No, I am unemployed
- How many members are in your household? _____
- What is your current housing situation?
 Rent
 Own
- Family Income Range:
 \$5,000 or less \$5,001 - \$15,000
 \$15,001 - \$25,000 \$25,001 - \$35,000
 \$35,001 - \$45,000 \$45,001 - \$55,000
 \$55,001 - \$65,000 \$65,001 or more

C. School/Educational Background

- What type of educational program is your child in?
 Regular Classes Residential School
 Special Ed Day/766 School
 Mainstream Classes
- Reading Ability: Excellent Good Average Fair Poor
- Writing Ability: Excellent Good Average Fair Poor
- Overall Academics: A B C D F
- Has your child been exposed to or witnessed violence at school?
 No
 Yes (Please explain.) _____

- Has your child ever been suspended or expelled from school?
 No
 Yes (Please explain.) _____

For questions 2-4, please circle the best choice.

D. Camper Well-Being Background

- Which of the following best describes the child's family situation? Please check all that apply.
 Both parents/guardians are together
 Parents/guardians are separated
 Parents/guardians are divorced
 Parent is deceased
 Lives in a single parent/guardian home
 Lives with a birth parent and a step-parent
 Lives with step-brother(s) and/or step-sister(s)
 Lives with other foster children
 A foster child living with my birth/adopted children
 Separated from biological brothers/sisters



2. Which of the following, if any, have occurred in the primary residence of the camper in the past year?

Please check all that apply.

- Separation of parents
- Camper removed from/switched homes
- Family moved to new home
- Divorce of parents
- Death of a friend (name: _____)
- Loss of a pet
- Sibling left home
- Death of a relative (name: _____)
- Parent lost/changed jobs
- Switched schools
- New child in house (age: _____ relation to camper: _____)

If you've checked off any of the above, how have these events affected your child? _____

3. Has your child experienced any significant trauma, or violence in the home, other than listed in question 2?

- No Yes. *Please explain here:*

4. Does your child receive special help with emotional concerns or behavior from a psychiatrist, counselor or social worker?

- No (*Go on to question 6.*)
 Yes

If yes, what type of counseling does your child receive? *Please check all that apply:*

- Individually In school
- In group sessions Out of school
- In family sessions

How long has he/she been going? _____

Reasons for counseling: _____

5. Has your child ever been hospitalized of in a residential facility for emotional or behavioral needs?

- No Yes. *Please explain here:*

6. Has your child been diagnosed with ADD/ADHD?

- No (*Go to question 7.*)
- Yes. Child is not taking medication.
- Yes. Child takes medication:
 Type: _____ Amount: _____

7. Please check off the appropriate column for each of the following behaviors, based on if your child has never, has in the past, or is currently experiencing them.

| | Never | Past | CURRENT |
|---|--------------------------|--------------------------|--------------------------|
| Bedwetting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seeks constant attention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Destructive behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire starting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stealing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty following directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of the dark | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talk about killing self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme fear of being alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual activity: inappropriate touching of self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual activity: inappropriate touching of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soiling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serious talk about running away from home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oppositional attitude toward parents/teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biting self or others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss of appetite for extended period of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any checks under "current" here:

**Having checked any of the above as "current" may not prevent your child from attending. Please know that if these behaviors interfere with daily camp operations or the safety of program participants he/she may be asked to leave.*

8. What strategies work well to support your child's emotional and behavioral needs?

9. What organized activities is your child in?

Check all that apply.

- Boys & Girls Club YMCA/YWCA
- Big Brothers/Sisters Church Programs
- After School Programs Other _____

Is there anything else we need to know so we can help your child have a fun, well adjusted summer? _____

I would like the camp director to call me before my child comes to camp. We need to discuss _____



**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM**

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

| | |
|--|--|
| Names (First, Middle Initial, Last) | SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #. |
| | |
| | |
| | |
| | |
| | |

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[name of Sponsor]** at **[phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

| A. Name (List everyone in household, including children) <i>(Example)</i> Jane Smith | 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 NO income |
|--|--|------------------------------------|---|---------------------|------------------------------|
| | 1. Earnings from work before deductions | 2. Welfare, child support, alimony | 3. Social Security, pensions, retirement, | 4. All Other Income | |
| | \$200/weekly | \$150/weekly | \$100/monthly | \$ ____ / ____ | <input type="checkbox"/> |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <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 the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: ____ _ □ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

| | | | |
|---|--|--|--|
| Mark one ethnic identity: | Mark one or more racial identities: | | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native | |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| | <input type="checkbox"/> Black or African American | | |

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Eligible _____ Not Eligible _____
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____

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 SNAP, 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.

USDA Form February 2011
ESE Form March 2011

Health Information:

Health form for all programs conducted at
Camp Wing/Duxbury Stockade – Camp Mitton – C5 New England/Camp Lapham



All participants must, according to state regulations, have this form completed and signed for camp attendance. **For participants under 18 years old: A parent or guardian must complete and sign this form at the bottom of this page.** Participants must have a physical conducted within 24 months of attendance, signed by a physician. You may use the physician section form included, or attach a copy of a physical from your physician.

Name _____ Social Security Number _____ - _____ - _____ Birthdate ____/____/____ Age _____ M or F
Parent/Guardian Name _____ Home Phone _____ Work _____ Cell _____
Home Address _____

INSURANCE Name & Address: _____ Subscriber: _____

Policy/Id #: _____ Group #: _____ Phone #: _____

EMERGENCY CONTACT: Every effort will be made to contact the parent/guardian in the event of an illness or other problem. Please indicate 2 other persons who know your child, who have **authorization for transportation**, and who may be contacted if necessary.

Name _____ Relationship _____ Telephone _____ Cell/Pager _____

Name _____ Relationship _____ Telephone _____ Cell/Pager _____

Name of family physician _____ Office Phone: _____ Location _____

Name of family dentist/orthodontist _____ Office Phone: _____ Location _____

GENERAL QUESTIONS (explain yes answers below):

- | Has/does the participant: | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wear glasses, contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have any skin problems (e.g., itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had any problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have a history of bed-wetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If female, have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Please explain any "yes" answers, noting the number of the questions. Also, use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication Allergies (list)

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

For official use only—Program (check): Camp Wing Day Camp Camp Wing Overnight
 Camp Mitton Camp Lapham Staff



LAST NAME

FIRST NAME

GENDER

DATE OF BIRTH (m/d/yy)

AGE

MEDICATIONS BEING TAKEN: Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. **Bring enough medication to last the entire time at camp.** Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Reviewed by camp medical staff

(initial) _____

This person takes NO medications on a routine basis.

This person takes medications as follows: (Attach additional pages if needed for more medications)

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Identify medications taken during the school year the participant does not/may not take during the summer:

This health history is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted. **Authorization for release of information.** I hereby authorize Crossroads for Kids to obtain and/or release whatever educational, psychological, or medical information and records as deemed necessary. **Authorization for Distribution of Prescriptions:** I hereby authorize Crossroads for Kids to administer, to the person herein described, the medications (listed above or prescribed while at camp by a physician), in accordance to the regulations listed in CMR101. **Authorization for Routine Medical Treatment:** I hereby authorize the Camp to give routine medical care as outlined in the standing orders for the camp. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp. I will assume all financial responsibilities for emergency treatment for me/or my child not covered by the camper medical insurance.

X Signature of Parent/Guardian _____ Date _____

Participants 18 or older may sign this form on their own behalf.

PHYSICIAN SECTION BELOW

Physician must fill out and sign this section. (Or, you may attach a copy of a signed physical done in the 24 months prior to camp that includes all this information.) Immunizations must also be completed by physician unless you attach an immunization history.)

I examined this individual on _____ (month/day/year). BP _____ Weight _____ Height _____

In my opinion, the above applicant IS IS NOT able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions: _____

Recommendations and Restrictions at Camp

Treatment to be continued at camp

Medications to be administered at camp (name, dosage, frequency). Please review parent section above.

IMMUNIZATION HISTORY

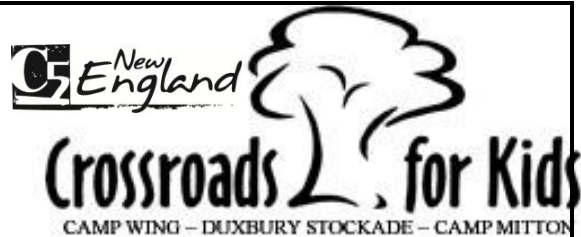
| | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr |
|--------------------------------|-------|-------|-------|-------|-------|-------|
| DTP | _____ | _____ | _____ | _____ | _____ | _____ |
| TD (tetanus/diphtheria) | _____ | _____ | _____ | _____ | _____ | _____ |
| Tetanus | _____ | _____ | _____ | _____ | _____ | _____ |
| Polio | _____ | _____ | _____ | _____ | _____ | _____ |
| MMR or | _____ | _____ | _____ | _____ | _____ | _____ |
| Measles | _____ | _____ | _____ | _____ | _____ | _____ |
| Mumps | _____ | _____ | _____ | _____ | _____ | _____ |
| Rubella | _____ | _____ | _____ | _____ | _____ | _____ |
| Haemophilus influenza | _____ | _____ | _____ | _____ | _____ | _____ |
| Hepatitis B | _____ | _____ | _____ | _____ | _____ | _____ |
| Varicella (chicken pox) | _____ | _____ | _____ | _____ | _____ | _____ |

► **SIGNATURE, LICENSED MEDICAL PERSONNEL** _____ **DATE** _____

Printed Name _____ Title _____

Address _____ Phone _____

**Camp Wing – Duxbury Stockade – Camp Mitton
2012 Financial Assistance Application**



Crossroads for Kids
119 Myrtle Street ~ Duxbury, MA 02332
Telephone (781) 834-2700 ~ Fax (781) 834-2701
www.crossroads4kids.org
email: registrar@crossroads4kids.org

Rates Per Session

| | | Actual Cost | Regular Rate | Rate if qualified for Free/Reduced Lunch |
|---|---------------------|-------------|--------------|--|
| CAMP WING/DUXBURY STOCKADE boys & girls entering grades 1 – 7 | Session 1 (14 Days) | \$1,160 | \$420 | \$315 |
| | Session 2 (20 Days) | \$1,655 | \$600 | \$450 |
| | Session 3 (20 Days) | \$1,655 | \$600 | \$450 |
| CAMP MITTON boys & girls entering grades 1 – 7 | Session 1 (14 Days) | \$1,285 | \$490 | \$368 |
| | Session 2 (20 Days) | \$1,840 | \$700 | \$525 |
| | Session 3 (20 Days) | \$1,840 | \$700 | \$525 |
| C5 FLINTS AT CAMP WING Only for teens accepted in C5 program boys & girls entering grade 8 | Session 2 (20 Days) | \$1,655 | \$600 | \$525 |
| | Session 3 (20 Days) | \$1,655 | \$600 | \$525 |

If you qualify for Free/Reduced Lunch, you automatically qualify for this rate.

Fill out this application if you need assistance beyond this rate.

Instructions

*If you wish to receive financial support beyond the Free/Reduced Lunch Rate, you must complete this application in its entirety AND provide the appropriate financial documentation.

Please call the main office if you have any questions while filling out this form.

Sending an incomplete or incorrect form will delay your application and may result in funds not being awarded.

A Complete Financial Assistance Application consists of...

- Completion of the camp admission application (8 pages)
- \$50 deposit *per session*
- Supporting Financial Documents** from one of the two categories below
 - If you file taxes:
 - A copy of your most recent Federal Tax form 1040 **AND**
 - Copies of 2 recent pay stubs. If you do not get paid weekly, please indicate the period the stub covers
 - If you do not file taxes, are not working, or are living on fixed/state income, or if the child is a *foster child*:
 - A copy of your income verification letter from said income source

**If this documentation is not submitted with your financial assistance application, your application will be returned to you unprocessed.*



Please Note: Allocation of awards will be based on availability of funding from **Crossroads for Kids**. The Financial Assistance Committee reviews complete applications in the order in which they were received. The review process takes approximately two weeks. Once assistance is awarded, you **will be notified** by telephone. *Please wait to call our office asking for information about your award until two weeks have passed and you have not heard from us.* Once you accept the award, we will register your camper. *A camper will not be registered for a particular session until the financial assistance award is accepted by you, or unless full payment can be guaranteed if the financial assistance is not awarded.*

Name of Head of Household _____ Occupation _____ Soc. Security # _____

Name of 2nd Adult Earner, if any _____ Occupation _____ Soc. Security # _____

Name and Age of *all others*, including children, living in house:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Telephone # we should call with questions and to inform you of aid award: (_____) _____ - _____ This is my Home Work Cell



2012 Financial Assistance Application Continued

Monthly Income

Household Wages (all earners combined): _____
 Child Support (all children combined) _____
 Other Income (please explain): _____

Monthly Expenses

Rent/Mortgage _____
 Food _____
 Medical _____
 Car _____
 Phone _____
 Heat/Electric/Utilities _____
 Tuition/Education _____
 Other _____

Total Household Income

(add all above lines) _____

Total Expenses

(add all above lines) _____

Please Answer ALL of the following:

Do you expect to receive financial assistance from any other agency to help pay for your child's camp fees?

NO

YES Which Agency? _____ How Much? \$ _____

How much are you able to pay towards your child's camp experience? (Please fill in for **each** session attending)

As you consider an amount, please keep in mind that for the time your child is at camp, he or she will receive all meals, snacks, supervision, laundry services, swim lessons, activity instruction, literacy development, and will not be using household resources at home.

Session 1 (14 Days): \$ _____ Session 2 (20 Days): \$ _____ Session 3 (20 Days): \$ _____

Please use this space to briefly explain why you are applying for financial assistance.

Please use this space to explain any additional special circumstances. Attach another sheet of paper if necessary.

To the best of my knowledge, the information included in this financial aid application is true and correct. I understand that in order for this application to be considered complete, the supporting financial documentation must be included. I further understand and agree that should my child receive campership dollars, he or she may be asked to acknowledge the award.

X

Parent/Guardian Signature _____ Date: _____

DO NOT WRITE Below This Line

OFFICE USE ONLY

APY: W1 W2 W3 M1 M2 M3
 ATY: W1 W2 W3 M1 M2 M3

Notes:

| | | | | | | | | |
|----|--|------|--|-------|--|-----|----|--|
| SC | | COST | | CSHIP | | FAM | LY | |
| SC | | COST | | CSHIP | | FAM | LY | |
| SC | | COST | | CSHIP | | FAM | LY | |

Session 1 verified: fam agy: _____ dcf: _____ by: _____ date: _____
 Session 2 verified: fam agy: _____ dcf: _____ by: _____ date: _____
 Session 3 verified: fam agy: _____ dcf: _____ by: _____ date: _____