



# 2010 Admissions Application

**Register Early!** Applications received after **April 1<sup>st</sup>** may not have your preferred session available!

- SOME SECTIONS HAVE CHANGED SINCE LAST YEAR PLEASE READ THESE MATERIALS CAREFULLY!**
- APPLICATION MUST BE FILLED OUT BY AN ADULT.**

**119 Myrtle Street ~ Duxbury, MA 02332**  
 Telephone (781) 834-2700 ~ Fax (781) 834-2701  
 Toll Free 1-888-543-7284  
 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 (DSS):**  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 Dorchester's South Bay Center  
 Drive directly to camp  
 Cape Cod Bus (Camp Wing/Duxbury Stockade **ONLY**)
- From Camp:**  
 Take bus to Dorchester's South Bay Center  
 Parent/Guardian pick-up directly at camp  
 Cape Cod Bus (Camp Wing/Duxbury Stockade **ONLY**)

## Registration

Check the appropriate program and session (campers may not attend BOTH session 2 & session 3)

<b>CAMP WING/DUXBURY STOCKADE</b> boys & girls age 7 – end of 7 <sup>th</sup> grade	<input type="checkbox"/> <b>Session 1 (14 Days)</b>	Thu., July 1 – Wed., July 14	<b>scholarships available refer to pages 7-8 for more info</b>	\$1160
	<input type="checkbox"/> <b>Session 2 (20 Days)</b>	Fri., July 16 – Wed., August 4		\$1655
	<input type="checkbox"/> <b>Session 3 (20 Days)</b>	Sat., August 7 – Thu., August 26		\$1655
<b>CAMP MITTON</b> boys & girls age 7 – end of 7 <sup>th</sup> grade*	<input type="checkbox"/> <b>Session 1 (14 Days)</b>	Thu., July 1 – Wed., July 14		\$1285
	<input type="checkbox"/> <b>Session 2 (20 Days)</b>	Fri., July 16 – Wed., August 4		\$1840
	<input type="checkbox"/> <b>Session 3 (20 Days)</b>	Sat., August. 7 – Thu., August 26		\$1840

## Financial Assistance

may be available upon request. Please refer to pages 7-8 for more information.

\*Please Contact Our Office for Information on Teen Programs

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: \_\_\_\_\_  
Last First

Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell or Pager ( ) \_\_\_\_\_ - \_\_\_\_\_ 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: \_\_\_\_\_  
Last First

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Lives with child? Relation to Camper \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Yes

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

No → Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

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 \_\_\_\_\_  
Last First

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. **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. **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.



Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

APPLICATIONS CANNOT BE PROCESSED UNLESS BOTH SIDES OF THIS CAMPER HISTORY PAGE ARE COMPLETELY FILLED OUT.

## A. Camp/Social Background

1. Has your child attended camp here before?
  - No
  - Yes. Which Years? \_\_\_\_\_
  
2. Has your child attended another camp program?
  - No
  - Yes, attended Day Camp
  - Yes, attended Overnight Camp
  
- 2b. 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.) \_\_\_\_\_  
\_\_\_\_\_
  
3. How does your child feel about coming to summer camp?
  - Eager
  - Unsure
  - Resistant
  
4. How does your child establish new relationships with peers?
  - Easily
  - Slowly or cautiously
  - With difficulty
  
5. How does your child establish new relationships with adults?
  - Easily
  - Slowly or cautiously
  - With difficulty
  
6. My child interacts best with...
  - Children who are a year or two younger
  - Children who are at his/her age level
  - Children who are a year or two older

7. My child spends the night at someone else's house (friend, relative, etc.) without me:
  - Frequently—about once a month
  - Sometimes—at least a few times a year
  - Rarely—maybe once a year
  - Never—hasn't ever slept away from home
  
8. When my child becomes angry he/she... (check all that apply):
  - Wants to get back at someone
  - Fights: ( verbally  physically)
  - Sulks or acts upset quietly, withdraws
  - Throws things
  - Other \_\_\_\_\_
  
9. My child:
  - Handles most responsibility well
  - Can handle some responsibility well
  - Handles responsibility poorly
  
10. My child \_\_\_\_\_ water activities (i.e. swim):
  - Likes
  - Has some concerns with
  - Is very afraid of
  - Has never experienced
  
11. My child participates in activities when asked:
  - Most of the time
  - Some of the time
  - None of the time
  
12. My child follows rules of play:
  - Most of the time
  - Some of the time
  - None of the time
  
13. One specific goal I would like my child to accomplish this summer is: \_\_\_\_\_  
\_\_\_\_\_

## B. School/Educational Background

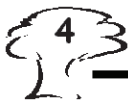
1. What type of educational program is your child in?
  - Regular Classes
  - Residential School
  - Special Ed
  - Day/766 School
  - Mainstream Classes

For questions 3-5, please circle the best choice.

2. Reading Ability:    Excellent    Good    Average    Fair    Poor
3. Writing Ability:    Excellent    Good    Average    Fair    Poor
4. Overall Academics:    A            B            C            D            F

5. Has your child been exposed to or witnessed violence at school?
  - No
  - Yes (Please explain.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Has your child ever been suspended or expelled from school?
  - No
  - Yes (Please explain.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## C. Camper Well-Being Background

1. 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
- Divorce of parents
- Sibling left home
- Switched schools
- Camper removed from/switched homes
- Death of a friend (name: \_\_\_\_\_)
- Death of a relative (name: \_\_\_\_\_)
- New child in house (age: \_\_\_\_\_ relation to camper: \_\_\_\_\_)
- Family moved to new home
- Loss of a pet
- Parent lost/changed jobs

2a. 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. 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: \_\_\_\_\_

5. 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

5b. 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

5c. How long has he/she been going? \_\_\_\_\_

5d. Reasons for counseling: \_\_\_\_\_

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. What organized activities is your child in?

Check all that apply.

- Boys & Girls Club
- Big Brothers/Sisters
- After School Programs
- YMCA/YWCA
- Church 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 \_\_\_\_\_



**5. SIGNATURE AND SOCIAL SECURITY NUMBER:**

**PENALTIES FOR MISREPRESENTATION:** *I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this is information that is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.*

**Signature of Adult:** \_\_\_\_\_ **Social Security Number:** \_ \_ - \_ - \_ - \_ - \_ -

**Printed Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Privacy Act Statement:** Unless you list the child's food stamp, FDPIR, or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation - violations of certain Federal, State and local education, health and nutrition programs.

**6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:**

**Please mark one or more of the following racial identities:**

- American Indian or Alaska Native       Asian       Black or African American       Other  
 Native Hawaiian or Other Pacific Islander       White

**Please mark one of the following ethnic identities:**

- Hispanic or Latino       Not Hispanic or Latino

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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**For Official Use Only:**

**Food Stamp/FDPIR/TANF household categorically eligible:**

- Yes       No

**MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2**

**Total monthly income:** \_\_\_\_\_ **Household size:** \_\_\_\_\_

**Eligibility Classification:**  Eligible       Not Eligible

**Determining official:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Financial Assistance ("Campership") Application

*Please Read Carefully!*



## Instructions

You **DO NOT** need to complete this section if:

- An agency is funding the full cost of camp for your child
- You do not expect to pay **Crossroads** directly, but instead will be paying fees to an agency who is helping sponsor camp
- You are prepared to pay the full cost of camp

You **DO** need to complete this section if:

- You wish to receive *any* financial support from **Crossroads for Kids**
- The agency you are applying through asks you to do so

A Complete Financial Assistance Application consists of...

- Completion of the camp admission application (pages 1-8 of this packet)
- \$50 deposit *per session*
- *Supporting Financial Documents\** from one of the two categories below (please check the box that applies to you)
  - 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.*

**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.

Name of Head of Household \_\_\_\_\_ Occupation \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Name of 2<sup>nd</sup> 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 \_\_\_\_\_

## Monthly Income

Household Wages (all earners combined): \_\_\_\_\_

Child Support (all children combined) \_\_\_\_\_

Other Income (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Household Income**

(add all above lines) \_\_\_\_\_

## Monthly Expenses

Rent/Mortgage \_\_\_\_\_

Food \_\_\_\_\_

Medical \_\_\_\_\_

Car \_\_\_\_\_

Phone \_\_\_\_\_

Heat/Electric/Utilities \_\_\_\_\_

Tuition/Education \_\_\_\_\_

Other \_\_\_\_\_

**Total Expenses**

(add all above lines) \_\_\_\_\_

**Please Complete Other Side**





**Financial Assistance Application, Continued**

**D. Please Answer ALL of the following:**

a. 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? \$ \_\_\_\_\_

b. 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 in addition, will not be using household resources at home.)

Session 1 (14 Days): \$ \_\_\_\_\_

Session 2 (20 Days): \$ \_\_\_\_\_

Session 3 (20 Days): \$ \_\_\_\_\_

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

d. 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.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # we should call to inform you of aid award: ( ) \_\_\_\_\_ - \_\_\_\_\_ This is my  Home  Work  Cell

**DO NOT WRITE Below This Line**

**OFFICE USE ONLY**

APY: W1 W2 W3 M1 M2 M3

ATY: W1 W2 W3 M1 M2 M3

Table with 10 columns: SC, COST, SSA, CSHIP, FAM, LY. It contains three rows of data for sessions 1, 2, and 3.

Notes:

- Session 1 verified: fam agy: \_\_\_\_\_ dcf: \_\_\_\_\_ by: \_\_\_\_\_ date: \_\_\_\_\_
 Session 2 verified: fam agy: \_\_\_\_\_ dcf: \_\_\_\_\_ by: \_\_\_\_\_ date: \_\_\_\_\_
 Session 3 verified: fam agy: \_\_\_\_\_ dcf: \_\_\_\_\_ by: \_\_\_\_\_ date: \_\_\_\_\_