

# **Riverwest Center**

Check all sessions for which you are applying

| □ June 19 <sup>th</sup> – June             | e 23 <sup>rd</sup> □ June 26 <sup>th</sup> – Jun | 5   | Ily 7 <sup>th</sup> □ July 10 <sup>th</sup> –14<br>July 4 <sup>th</sup> ) | l <sup>th</sup> □ July 17 <sup>th</sup> – 21 <sup>st</sup> |
|--|--|---|---|--|
| □ July 24 <sup>th</sup> – 28 <sup>th</sup> | □ July 31 <sup>st</sup> – August 4 <sup>th</sup> | □ August 7 <sup>th</sup> – 11 <sup>th</sup> | □ August 14 <sup>th</sup> -18 <sup>th</sup>                               | □ August 21 <sup>st</sup> – 25 <sup>th</sup>               |

Extended care is available for an <u>additional fee</u> – see the separate application on the following page for more information *PROCESSING FEE*: a non-refundable fee of \$10 is required with each application. Household maximum is \$20.

| Please <u>PRINT</u> legibly!                   |                                     |   |                  |             |        |          |
|--|-------------------------------------|---|------------------|-------------|--------|----------|
| SECTION I: CAMPER INFORMATIO                   | <u>N</u> (Or                        | (Only one child per application please) |                  |             |        |          |
| Camper's Name:                                 |                                     |   |                  |             |        |          |
| First  |                                     | MI                                      |                  | Last        |        |          |
| Camper's Date of Birth: / /                    | Age on 1 <sup>st</sup> day of camp: |   | □ Female         | □ Male      | 🗖 Trar | nsgender |
| Camper's Address:                              |                                     |   |                  |             |        |          |
| Stree  | t                                   |   | City             |             | State  | Zip      |
| Camper Racial Identity & Ethnicity: (check all | which may apply):                   |   |                  |             |        |          |
| Black or African-American                      | 🗖 Asian                             | Native Hawaiia                          | n or Other Pacif | ic Islander |        |          |
| Native American or Alaska Native               | Caucasian                           | Other                                   |                  |             |        |          |
| Hispanic or Latino                             | Multiracial                         |   |                  |             |        |          |

| SECTION II: FAMILY/HOUSEHOLD INFORMATION     Camper LIVES with:   Both Parents   Mother-single parent   Father-single parent   Joint Custody   Guardian   Grandparent     Foster Care Parent   Other, please specify:   Relationship to Child     List names and ages of others in family attending this year: |                               |  |  |  |  |
|--|-------------------------------|--|--|--|--|
| Father   | Other Legal Guardian          |  |  |  |  |
|  |                               |  |  |  |  |
| s will be allowed to pick up child. F  | Remind them to bring their ID |  |  |  |  |
|  | parent Father-single parent   |  |  |  |  |

## SECTION III: SCHOLARSHIP & FEE INFORMATION

Camp fees may be paid by My WIS ChildCare benefits or out of pocket.

# Scholarships are available for families paying out of pocket!

Thanks to the generosity of the Goldin Family Foundation and other private donors, COA is able to offer *significant* scholarships.

## With a scholarship, families can pay as little as \$10/session per child!

Scholarships will be determined based on family income, size and special circumstances. The full fee for 1 week of camp is \$210 per session also includes before and after care but COA's goal is to make sure money is not a barrier for children to attend camp or other COA programs.

#### Remember *most families qualify* for significant scholarships!

To request a scholarship, please answer all of the following questions and provide of family income, e.g., last year's tax form 1040, recent pay stub, etc.

| Are you eligible for My WIS Childcare benefits?         | Yes 🗖     | No 🗖  | Unsure 🗖 |  |  |  |  |
|---|-----------|---|----------|--|--|--|--|
| If yes: <u>When</u> will you name COA Riverwest as your | provider? | If yes: <u>When</u> will you name COA Riverwest as your provider? |          |  |  |  |  |

Total household gross monthly income (before taxes) 
Number of persons living in household

• How will you be paying for camp? Out of pocket D My WIS Childcare Benefit D

If another agency will pay for your camping fee please explain: \_\_\_\_\_

If there are any special circumstances that we should consider when determining the day camp fee, please explain on a separate sheet of paper.

#### For My WIS Childcare) Families wishing to name COA as their provider: <u>Riverwest Center</u> Provider No: 2000563592/002

## SECTION IV: PARENT/GUARDIAN CONSENT AND EMERGENCY AUTHORIZATION:

#### We will photocopy this form for use on day camp field trips.

- I consent to my child's participation in all activities and trips that are part of the COA Day Camp program and under the direction of COA staff; I hereby permit COA to transport my child as necessary.
- I give permission to COA to use photographs or video of my child in publicizing and promoting the agency's work.
- I understand that the camp participates in the USDA federal food program under which it may receive reimbursements for meals served to children from families whose incomes fall below certain federally determined levels. Day Camp complies with USDA policy, which prohibits discrimination because of race, color, sex, age, handicap, or national origin.

| Parent/G   | Guardian's sigr | nature:                                      |                     |                      |                            | Date:  |    |
|--|-----------------|--|---------------------|----------------------|----------------------------|--|----|
| SECTIC   | )n V: Regis     | TRATION PAYMENT                              | <u>S</u>            |                      |                            |  |    |
| CHOICE   | S: Cash 🗖       | Check 🗖 #                                    | Money Order 🗖       | COA Employee P       | ayroll Deduction $\square$ | Credit Card 🗖 (Complete info. belo                                   | w) |
| child be   | gins camp. I    | will expect a call from                      | the day camp reg    | istrar to determine  | our camp fee.              | y any remaining balance before my<br>dcare Benefits to pay for camp. | 1  |
| □lam   | paying the \$   | 10 non-refundable pro<br>active COA employee | cessing fee and p   | blan to pay the full | \$210 session fee.         |  |    |
| For Crea   | dit Card Payn   |  |                     |                      |                            |  |    |
|  |                 | ppears on card:                              |                     |                      |                            |  |    |
| KER  |                 |  |                     |                      |                            |  |    |
| VISA   | Type of card    | : 🛛 Master Card                              | □ VISA Card         | #:                   |                            |  |    |
|  | Expiration D    | ate:/ 3 Digit                                | Security Code (on I | back of card):       | Amount of Charge: \$       |  |    |
|  | Cardholder's    | s signature:                                 |                     |                      |                            |  |    |
| For the Riverwest Center – Return to: Francine Milan               |                 |  |                     |                      |                            |  |    |
| Day Camp Registrar - COA Youth & Family Centers – Riverwest Center |                 |  |                     |                      |                            |  |    |
| 909 E. Garfield Avenue, Milwaukee, WI 53212                        |                 |  |                     |                      |                            |  |    |
|  |                 |  |                     | (414) 290-7903       |                            |  |    |