



Camp Helen Brachman – Camper Registration Form **2019**

Please use a separate form for each camper OR register online at www.coa-yfc.org/camp/

SECTION I: CHOOSE A SESSION

Camper's may choose more than one session. A non-refundable \$20 deposit/commitment fee is required for every session being registered for. See side two for additional payment, fee & scholarship details.

12 day - Sessions #1, #2 & #3: Saturdays through Wednesdays (Ages 8 – 15)

Session #1, June 22 – July 3*

Session #2, July 6 – July 17

Session #3, July 20 – 31

6 day - Session #4: Saturday, August 3 – Thursday, August 8 (Ages 8 – 15)

Counselor-In-Training Program CIT: (Ages 16 - 17) There is an additional application for this program. Camp Staff will contact you with details. If CITs successfully complete their training session, they may be invited to return for additional future session(s).

CIT #1, June 22 – July 3*

CIT #2, July 6 – July 17

CIT #3, July 20 – 31

CIT #4, Aug. 3 – Aug. 8

* Return time earlier in the day due to 3rd of July fireworks in Milwaukee

SECTION II: CAMPER INFORMATION

Camper's Name: _____ Camper's Date of Birth: ____/____/____
First Middle Initial Last Month / Day / Year

Age on 1st day of camp: _____ Grade in fall 2019: _____ School Attends: _____ Gender: _____

Camper's Address: _____
Street City State Zip Code

Circle your camper's T-shirt size: **Youth** small medium large XL **Adult** small medium large XL XXL XXXL

Cabin Mate Request (if any): _____
(Please note: We will do our best to accommodate requests if possible but we may not be able to honor all requests due to space, age, gender, behavior, etc.)

Please list any siblings or relatives who are planning to attend the same session: _____

SECTION III: PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) with whom the camper lives

Primary Name: _____ Relationship to camper: _____
First Last

Contact numbers: _____ - _____ - _____
Cell Work Home (if different than cell)

Email address: _____

Name: _____ Relationship to camper: _____
First Last

Contact numbers: _____ - _____ - _____
Cell Work Home (if different than cell)

Email address: _____

SECTION IV: EMERGENCY CONTACTS

To be contacted if persons listed above cannot be reached

Name: _____ Relationship to camper: _____
First Last

Contact numbers: _____ - _____ - _____
Cell Work Home (if different than cell)

Name: _____ Relationship to camper: _____
First Last

Contact numbers: _____ - _____ - _____
Cell Work Home (if different than cell)

SECTION V: PAYMENTS, FEES & SCHOLARSHIPS

PAYMENT CHOICES: Cash Check Money Order COA Employee payroll deduction Credit Card (Complete the information below)

- ▶ A \$20 non-refundable commitment fee is required for every camper age 8 – 17. This fee goes toward the total camp fee. Commitment fees will only be refunded if camper cannot be placed in the session of their choice.
- ▶ The full fee for a 12 day session is \$625. The full fee for a 6 day session is \$325. CIT programs only pay the commitment fee; there is no other fee for these training programs. Camp fees will only be refunded with cancellations made two or more weeks prior to the scheduled session departure date.
- ▶ If you cannot pay the full camp fee, please complete all information requested below to receive a scholarship:
 - Household annual gross income: _____ (please include a **proof of income**: copy of tax form filed, recent paystub, etc.)
 - Number of people living in household: _____
 - Amount you feel your family can afford to pay: _____ (please use the chart below to determine the minimum fee)
- ▶ Additional scholarships may be available based on the answers to these questions:
 - Does your camper attend any other programs at COA? Yes (please list) _____ No
 - Were you referred to CHB by someone at an organization such as MPS, foster care, etc. Yes (please list) _____ No
 - How did you hear about Camp Helen Brachman initially (even if very long ago)? _____
- ▶ If there are any special circumstances we should consider when determining your camp fee, please explain on a separate sheet of paper.
- ▶ You will receive a balance due invoice along with paperwork that must be completed and returned. All paperwork is due no later than 4 weeks prior to your camp session, but preferably sooner!

Camp Helen Brachman Summer Sliding Fee Scale - These amounts are the <u>minimum</u> amounts suggested									
Total Number of Persons Supported by Family Income									
Gross Income	2	3	4	5	6	7	8	9	10
22,459/yr. or less	50	50	50	50	50	50	50	50	50
30,451/yr. or less	100	50	50	50	50	50	50	50	50
38,443/yr. or less	150	100	50	50	50	50	50	50	50
46,435/yr. or less	200	150	100	50	50	50	50	50	50
54,427/yr. or less	250	200	150	100	50	50	50	50	50
62,419/yr. or less	300	250	200	150	100	50	50	50	50
70,411/yr. or less	350	300	250	200	150	100	50	50	50
78,403/yr. or less	400	350	300	250	200	150	100	50	50
86,395/yr. or less	450	400	350	300	250	200	150	100	50

Credit Card Payment Information:

Name as it appears on card: _____
 Address card is billed to: _____
 Card Type: Master Card Visa Card #: _____
 Expiration Date: _____ 3-Digit PIN: (located on back of card) _____ Amount of charge: \$ _____
 Cardholder Signature: _____

SECTION VI DEMOGRAPHIC INFORMATION

This information is required by United Way in order for COA to continue receiving funds.

Camper's Ethnicity - Please check all that may apply:

African American/Black American Indian/Alaskan Native Asian Caucasian/White Hispanic/Latino Middle Eastern
 Native Hawaiian/Pacific Islander Other (please specify) _____

SECTION VII: PARENT/GUARDIAN CONSENT & EMERGENCY AUTHORIZATION

- I hereby give my permission to the medical personnel selected by the Camp Director or designee to order x-rays, routine tests and treatment for my camper if necessary. In the event of an emergency, I give permission to the physician selected by the Camp Director or designee to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for the camper named on this application.
- I consent to my camper's participation in all activities and trips that are part of the COA camping program and under the direction of COA staff. I hereby permit COA to transport my camper as necessary.
- I give permission to COA, its partners, employees, licensees, and agents to use and/or share photographs or videos of my camper in publicizing and promoting the agency's work.
- I understand full payment and all paperwork must be turned in at least 4 weeks prior to my camper's camp departure. If it is not, I understand my camper may lose their space at camp.

Parent/Guardian's signature: _____ Date: _____

SUBMIT TO: CHB Camp Registrar • COA Youth & Family Centers • 909 E. North Avenue • Milwaukee, WI 53212 • 414-290-7905

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