



## Riverwest Center

Check all sessions for which you are applying

June 17<sup>th</sup> – June 21<sup>th</sup>   
  June 24<sup>th</sup> – June 28<sup>th</sup>   
  July 1<sup>st</sup> – July 5<sup>th</sup>   
  July 8<sup>th</sup> – 12<sup>th</sup>   
  July 15<sup>th</sup> – 19<sup>th</sup>  
Close July 4<sup>th</sup>

July 22<sup>th</sup> – 26<sup>th</sup>   
  July 29<sup>th</sup> – August 2<sup>nd</sup>   
  August 5<sup>th</sup> – 9<sup>th</sup>   
  August 12<sup>th</sup> -16<sup>th</sup>   
  August 19<sup>th</sup> – 23<sup>rd</sup>

Extended care is available for an additional fee – 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 PRINT legibly!

**SECTION I: CAMPER INFORMATION** (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     Transgender

Camper's Address: \_\_\_\_\_  
Street City State Zip

Other COA Youth & Family Center Programs that youth/family have participated in:	<input type="checkbox"/> Early Education	<input type="checkbox"/> HIPPY Program	<input type="checkbox"/> Camp Helen Brachman	<input type="checkbox"/> Family Resource Center	<input type="checkbox"/> CLC _____
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My child will be	Arriving By:	<input type="checkbox"/> Drop off	<input type="checkbox"/> Walk	<input type="checkbox"/> City/School Bus	<input type="checkbox"/> Other
	Departing By:	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Walk	<input type="checkbox"/> City/School Bus	<input type="checkbox"/> Other

**SECTION III: SCHOLARSHIP & FEE INFORMATION**

Camp fees may be paid by Wisconsin Shares (W-2) 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. Scholarships will be determined based on family income, size and special circumstances. The full fee for 1 week of camp is \$220 per week 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 **written proof** of gross family income, e.g., last year's tax form 1040, recent pay stub, etc.

• Are you eligible for Wisconsin Shares (W2) childcare benefits?    Yes     No     Unsure   
 If yes: when will you name COA as your provider? \_\_\_\_\_

• Total household gross monthly income (before taxes) \$ \_\_\_\_\_    Number of persons living in household \_\_\_\_\_

• What amount, *over the \$10 processing fee*, can you afford to pay per session toward the camp fee? \$ \_\_\_\_\_

• How will you be paying for camp?    Out of pocket     Wisconsin Shares Childcare Benefit

• 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.

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

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

- I hereby give permission to the medical personnel selected by the COA staff to order x-rays, routine tests, injections and/or anesthesia and/or surgery, to secure proper treatment and hospitalization for my child, named above, if I CANNOT be reached at the time of emergency.
- 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/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION V: REGISTRATION PAYMENTS**

CHOICES: Cash  Check  # \_\_\_\_\_ Money Order  COA Employee Payroll Deduction  Credit Card  (Complete info. below)

I am paying the \$10 non-refundable processing fee and am applying for a scholarship. I will pay any remaining balance before my child begins camp. I will expect a call from the day camp registrar to determine our camp fee.

I am paying the \$10 non-refundable processing fee and plan to use my Wisconsin Shares Childcare Benefits to pay for camp.

I am paying the \$10 non-refundable processing fee and plan to apply for Wisconsin Shares. I understand that I will be responsible for the camp fee if I am denied.

I am paying the \$10 non-refundable processing fee and plan to pay the full \$220 week fee.

I am currently an active COA employee and would like to take advantage of my employee benefit.

**For Credit Card Payments:**

Name as it appears on card: \_\_\_\_\_



Type of card:  MasterCard  VISA Card #: \_\_\_\_\_



Expiration Date: \_\_\_/\_\_\_ 3 Digit Security Code (on back of card): \_\_\_\_\_ Amount of Charge: \$ \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

<b>For the Riverwest Center – Return to: Francine Milan</b>	<b>For Wisconsin Childcare Assistant</b>
Day Camp Registrar - COA Youth & Family Centers – Riverwest Center 909 E. Garfield Avenue, Milwaukee, WI 53212 (414) 290-7903	<b>Riverwest Center Provider No: 2000563592/002</b>

The additional forms attached must be completed & returned before the child may begin camp