



Auer Avenue CLC (Goldin Center)

Check all sessions for which you are applying

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

July 22nd– 26th
 July 29th – August 2nd
 August 5th.9th
 August 12th -16th
 August 19th– 23rd

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 1st day of camp: _____ Female Male Transgender

Camper's Address: _____
Street City State Zip

Camper Racial Identity & Ethnicity: (check all which may apply):

Black or African-American Asian Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native White Other _____
 Camper Hispanic Hispanic or Latino Not Hispanic or Latino

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: _____

	<u>Mother</u>	<u>Father</u>	<u>Other Legal Guardian</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
City:	_____	_____	_____
Zip Code:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell/Pager:	_____	_____	_____
E-mail Address:	_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Please note only

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.

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

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 Goldin Center Auer Avenue CLC 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.

**For Wisconsin Shares (W2) Families wishing to name COA as their provider:
Goldin Center/Auer Avenue Provider No: 2000563892/002**

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: Master Card VISA Card #: _____

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

Cardholder's signature: _____

	For the Goldin Center – Jessica Butler CLC Site Coordinator – COA Youth & Family Centers - Goldin Center 2320 West Burleigh Street, Milwaukee, WI 53206 (414) 265-7686
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The additional forms attached must be completed & returned before the child may begin camp