



**SECTION V: PAYMENTS, FEES & SCHOLORSHIPS**

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

▶ A \$25 non-refundable commitment fee deposit is required for every camper age 8 – 17, for each session attending. 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 an 11 or 12 day session is \$650. The full fee for a 6 day session is \$350. 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!

<b>Camp Helen Brachman Summer Sliding Fee Scale - These amounts are the <u>minimum</u> amounts suggested</b>									
Total Number of Persons Supported by Family Income									
Gross Income	2	3	4	5	6	7	8	9	10
23,107/yr. or less	60	60	60	60	60	60	60	60	60
31,284/yr. or less	110	60	60	60	60	60	60	60	60
39,461/yr. or less	160	110	60	60	60	60	60	60	60
47,638/yr. or less	210	160	110	60	60	60	60	60	60
55,815/yr. or less	260	210	160	110	60	60	60	60	60
63,992/yr. or less	310	260	210	160	110	60	60	60	60
72,169/yr. or less	360	310	260	210	160	110	60	60	60
80,346/yr. or less	410	360	310	260	210	160	110	60	60
88,523/yr. or less	460	410	360	310	260	210	160	110	60

**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 Ethnic Categories - Please check one, either Hispanic/Latino or Non-Hispanic/Latino:** Hispanic/Latino  Non-Hispanic/Latino

**Please select at least one race category:** Black/African American  American Indian/Alaskan Native  Asian  White/Caucasian   
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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