Ca	mp Helen Br	achman – Camper	Registration Form2020
Since NOCO Pleas	e use a separate	form for each camper <u>OR</u>	register online at <u>www.coa-yfc.org/camp</u>
two for additional paym Sessions for Camper	wo. A non-refundable \$; nent, fee & scholarship c <u>s Ages 8 – 15:</u>	25 deposit/commitment fee is requi details.	ssions. <i>Approval from Camp Director is required</i> red for each session being registered for. See side Sunday, July 5 – <u>Thursday</u> , July 16 🔲 (12-days)
		3, <u>Sunday</u>, July 19 – <u>Wednesday</u>	
	Session #4: <u>Sund</u>	<u>ay</u> , August 2 – <u>Friday</u> , August 7 (Ag	ges 8 – 15) □ (6-days)
you with details. If CITs	s successfully complete	their training session, they may be	application for this program. Camp Staff will contact invited to return for additional future session(s). , July 19 – 29 □ ► CIT #4, Aug. 2 – Aug. 7 □
SECTION II: CAMPER			
Camper's Name:	First M	liddle Initial Last	Camper's Date of Birth: /// Month / Day / Year
Age 1 st day of camp: _	Grade in fall 2020	0: School Attends:	Gender:
Camper's Address:	Street		City State Zip Code
Circle your camper's T			Adult small medium large XL XXL XXXL
Cabin Mate Request (if	f any):	-	-
	-		onor all requests due to space, age, gender, behavior, etc.)
	GUARDIAN INFORMA	Anning to attend the same session: ATION Parent(s)/Guardiar	(s) with whom the camper <u>lives</u>
Primary Name			Relationship to camper
Primary Name:	First	Last	Relationship to camper:
Primary Name: Contact numbers:	First	Last	·
Contact numbers:	First Cell		Home (if different than cell)
Contact numbers: Email address:	First Cell	Last 	Home (if different than cell)
Contact numbers: Email address:	First Cell	Last 	Home (if different than cell)
Contact numbers: Email address: Name:	First Cell First 	Last Work Last 	Home (if different than cell) Relationship to camper:
Contact numbers: Email address: Name: Contact numbers:	First Cell First 	Last 	Home (if different than cell)
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Contact numbers: Email address: Name: Contact numbers: Email address: SECTION IV: EMERGI	First Cell First Cell	Last 	Home (if different than cell)
Contact numbers: Email address: Name: Contact numbers: Email address: SECTION IV: EMERGI Name: First	First Cell First Cell ENCY CONTACTS	Last	Home (if different than cell) Relationship to camper: Home (if different than cell) isted above cannot be reached Relationship to camper:
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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 D (please list)_
- 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

					1				
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.

No 🗖

Camper's Ethnic Categories - Please check one, either Hispanic/Latino or Non-Hispanic/Latino: Hispanic/Latino D Non-Hispanic

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

USDA is an equal opportunity provider and employer.