



Camp Helen Brachman – Camper Registration Form **2024**

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

SECTION I: CHOOSE A SESSION Please choose only 1 session per camper – check for appropriate age requirements

A non-refundable \$30 deposit/commitment fee is required for each camper attending.

See side two for additional payment, fee & scholarship details.

Sessions for Youth Ages 8 – 15 years old:

- ▶ **Session #1**, Saturday, June 22– Thursday, June 27 ☐ ▶ **Session #4**, Saturday, July 27 – Tuesday, August 6 ☐
▶ **Session #2**, Monday, July 1 – Thursday, July 11 ☐ ▶ **Session #5**, Saturday, August 10 – Thursday, August 15 ☐

Outdoor Adventure Session for Youth Ages 12 – 15 years old only:

- ▶ **Session #3**, Monday, July 15 – Thursday, July 19 ☐

Counselor-In-Training Program (CIT): Ages 16 – 17 only: There is an additional application for this program. Camp Staff will contact you with details following your submission of this form. Please select any of the sessions below you are interested in.

- ▶ **CIT-1**, June 22 – June 27 ☐ ▶ **CIT-2**, July 1 – 11 ☐ ▶ **CIT-4**, July 27 – Aug. 6 ☐ ▶ **CIT-5**, August 10 – August 15 ☐

SECTION II: CAMPER INFORMATION

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

Age 1st day of camp: _____ Grade in fall 2024: _____ School Attends: _____ Gender: _____

Camper's Address: _____
Street Apt./Unit # City State Zip Code

Camper's T-shirt size: **Youth** small ☐ medium ☐ large ☐ **Adult** small ☐ medium ☐ large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL ☐

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 **primarily**

Primary Name: _____ Relationship to camper: _____
First Last

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

Email address: _____

Other 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 ☐ Money Order ☐ COA Employee payroll deduction ☐ Credit Card ☐ (Complete the information below)

► A \$30 non-refundable commitment fee deposit is required for every camper age 8 – 17. This fee goes toward the total camp fee (see below). Commitment fees are only refunded if camper cannot be placed in the session of their choice.

► The full fee for an 11-day session is \$825. The full fee for a 6-day session \$450. The full fee for a 5-day session is \$375. CIT programs only pay the commitment fee; there is no other fee for these training programs. Camp fees are only 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 **required proof of income:** copy of tax form filed, recent paystub, etc.
- Number of people living in household: _____
- Total amount you feel your family can afford to pay: _____ (please use the chart below to determine the minimum fee to pay)

► Additional scholarships may be available based on the answers to the following questions:

- Will this be the camper's first time at a residential camp for more than 4 days? Yes ☐ No ☐ (please list previous camp) _____
- How did you hear about CHB/who referred you? _____ Does camper qualify for free or reduced lunch? Yes ☐ No ☐
- Does camper attend other COA programs? Yes ☐ please list which one: _____ No ☐

► 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 minimum amounts suggested									
Total Number of Persons Supported by Family Income									
Gross Income	2	3	4	5	6	7	8	9	10
26,973/yr. or less	75	75	75	75	75	75	75	75	75
36,482/yr. or less	150	75	75	75	75	75	75	75	75
45,991/yr. or less	225	150	75	75	75	75	75	75	75
55,500/yr. or less	300	225	150	75	75	75	75	75	75
65,009/yr. or less	375	300	225	150	75	75	75	75	75
74,518/yr. or less	450	375	300	225	150	75	75	75	75
84,027/yr. or less	525	450	375	300	225	150	75	75	75
93,536/yr. or less	600	525	450	375	300	225	150	75	75
103,045/yr. or less	675	600	525	450	375	300	225	150	75

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 or Security Code: _____ Amount of charge: \$ _____

Cardholder Signature: _____

SECTION VI DEMOGRAPHIC INFORMATION This information is requested by United Way & other funding organizations in order for COA to continue receiving funds.

Camper's Ethnic Categories - Please check one, either Hispanic/Latino or Non-Hispanic/Latino: Hispanic/Latino ☐ Not-Hispanic/Latino ☐

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

Native Hawaiian/Pacific Islander ☐ Unknown ☐

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. Garfield Avenue • Milwaukee, WI 53212 • 414-290-7905

USDA is an equal opportunity provider and employer.