

CAMP CASA APPLICATION

Demographic Information

Please Note: The confidential information requested throughout this form is used for grant data collection purposes only.

This information is compiled and processed without any personal, identifying information.

The Children's Study Home respects your right to privacy.

"The Children's Study Home does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender identity, age, disability, homelessness, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients."

Applications are due back to the Children's Study Home by June 14, 2019

Camper Fact Sheet

Please Note: The confidential information requested throughout this application is used for camp administration purposes only.

The Children's Study Home respects your right to privacy.

HOUSEHOLD DEMOGRAPHICS

Primary Language/s Spoken in the Household: _____ Age (of camper): _____
Number of Family Members Living in the Household: _____ Gender (of camper): _____
Household Structure:

- Single parent household Two-parent household Multi-generational household

Race: *Please check all that apply:*

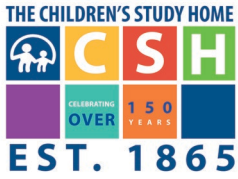
- White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander Other

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino American Indian/Alaskan Native & White
 Asian & White Black/African American & White Am. Indian/Alaskan Native & Black/African American
 Other Multi-Racial Asian/Pacific Islander

CAMPER INFORMATION

Name: _____ Gender: _____ Date of Birth: _____ Age: _____
Home Address: _____ City: _____ State: _____
Phone: _____ School Recently Attended: _____ Grade Recently Completed: _____



CAMP CASA APPLICATION

HOUSEHOLD SIZE

HOUSEHOLD INCOME

2	0 - \$18,650 _____	\$18,651-31,050 _____	\$31,051-49,700 _____
3	0 - \$21,300 _____	\$21,301-35,500 _____	\$35,501-56,800 _____
4	0 - \$23,950 _____	\$23,951-39,950 _____	\$39,951-63,900 _____
5	0 - \$26,600 _____	\$26,601-44,350 _____	\$44,351-70,950 _____
6	0 - \$30,170 _____	\$30,171-47,900 _____	\$47,901-76,650 _____
7	0 - \$34,590 _____	\$34,591-51,450 _____	\$51,451-82,350 _____
8	0 - \$39,010 _____	\$39,011-55,000 _____	\$55,001-88,000 _____
9	0 - \$43,430 _____	\$43,431-58,550 _____	\$58,551-93,700 _____

GUARDIAN INFORMATION

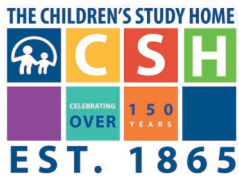
GUARDIAN 1

Name: _____

Home Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Primary Language: _____ Place of Employment: _____ Ph: _____



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GUARDIAN 2

Name: _____

Home Address: _____

City: _____ State: _____

Phone: _____

Email: _____

Primary Language: _____

Place of Employment: _____ Ph: _____

EMERGENCY CONTACT INFORMATION*

**Emergency contact must be different from guardian listed above*

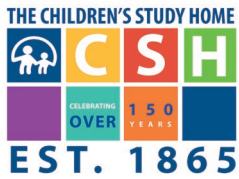
Name: _____

Phone: _____

Relationship: _____

Primary Language: _____

Place of Employment: _____ Ph: _____



Health Information

CAMPER INFORMATION

Name: _____ Gender: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____

Phone: _____ Date of Last Physical Exam: _____ Last Dental Exam: _____

HEALTH INFORMATION

Please check all health conditions that apply:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Other (Please describe): | | |

- HEARING:** None Right Ear Left Ear Hearing Aides
- VISION:** None Wears Glasses Wears Contacts
- ALLERGIES:** None Yes (Please Describe)

Does your Child have an Epi-pen for any allergies? Yes No

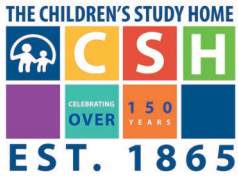
MEDICATION INFORMATION:

Will your child have medications to be taken at camp? Yes No

Please list any medications to be taken at camp:

Please list all medications that this child takes:

If medication is to be taken at camp, you must speak with the Camp Director. Additional consents must be signed by parent/guardian. No medication can be given at camp unless this procedure is followed.



CAMP CASA APPLICATION

Health Information (Continued)

INSURANCE INFORMATION

Health Insurance Provider: _____ Policy Number: _____

Does your child have dental insurance? Yes No

Dental Provider: _____ Policy Number: _____

PROVIDER INFORMATION

Health Care Provider (ex., Doctor): _____

Address: _____ Phone: _____

Dental Care Provider: _____

Address: _____ Phone: _____

I understand that The Children's Study Home will share information relevant to this child's health condition with appropriate camp personnel when needed to meet their health care needs.

In case of a medical emergency, I understand that The Children's Study Home will attempt to contact the emergency contacts I have provided. If deemed necessary and appropriate staff will arrange for transport to the nearest hospital.

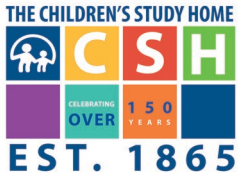
I give permission for The Children's Study Home staff to give first aid for minor injuries, including bruises, cuts, and burns, and CPR if needed.

Yes No

(Signature)

(Date)

Relationship to Child: _____



CAMP CASA APPLICATION

Family Expectations

A \$30 non-refundable fee upon registration is required.

- Late pick-ups will be charged an additional \$15.00 per child, per day fee. All charges must be paid-to-date for your child to return to camp.
- Late arrivals will not be permitted to attend camp after 9:15am during the days field trips are planned.
- Camp Casa does not tolerate bullying, taunting or fighting of any kind. If this occurs, your child will be dismissed and not permitted to re-apply. Should this happen, all fees are non-refundable.

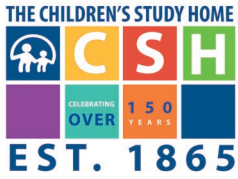
_____ I have read and understand the following rules and conditions regarding Camp CASA

(print name)

(Signature)

(Date)

Relationship to Child: _____



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Applications are due back to the Children's Study Home by June 14, 2019!

CAMPER PICK-UP AUTHORIZATION FORM

The Following people are authorized to pick up _____ from Camp CASA.
(Camper's name)

(Please note that a valid ID must be shown to the Counselor in order for your camper to be picked up. Print name as appears on ID). Children **will not** be released to unauthorized pick-ups. Late pick-ups will be assessed a \$15.00 per day fee. All late fees must be paid-to-date for your child to be allowed to return to camp.

(Print Name)

(Relationship to Camper)

(Print Name)

(Relationship to Camper)

(Print Name)

(Relationship to Camper)

(Print Name)

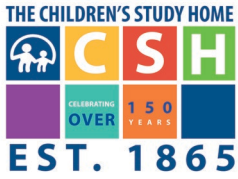
(Relationship to Camper)

(Print Your Name)

(Relationship to Camper)

(Signature)

**CHILDREN WILL NOT BE RELEASED TO UNAUTHORIZED PICK-UPS.
CHILDREN WILL NOT BE ALLOWED TO WALK; YOU MUST PICK-UP YOUR CHILD**



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FIELD TRIP PERMISSION FORM

I authorize _____ to participate in any off-site field trips sponsored by
(Camper's name)
Camp CASA. (Some of the destinations we are considering, but not limited to are: Springfield Library,
Springfield Museums, Majestic Theater, Lupa Zoo, Forest Park, and swimming at the Rebecca Johnson School).

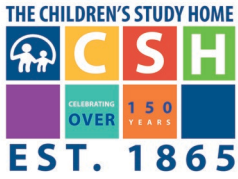
I understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the camper during these trips.

(Print Your Name)

(Relationship to Camper)

(Signature)

(Date)



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PHOTO/VIDEOGRAPHY RELEASE FORM

I grant permission to The Children’s Study Home, its representatives, and its employees, the right to take and use visual and/or audio images of me and any children under my guardianship. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips, or accompanying written descriptions.

I authorize The Children’s Study Home to copyright use, and publish the same in print and/or electronically for such purposes as publicity and advertising.

I have read and understand the above:

(Signature) (Date)

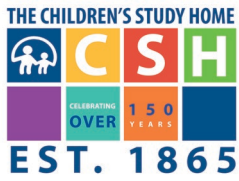
(Print Your Name)

(Address)

Signature of Parent/Guardian (if under age 18)

Please deliver application and required paperwork to:

The Children’s Study Home
Camp Casa Administration
60 Sherman Street
Springfield, MA 01109



44 Sherman Street • Springfield, MA 01109 • 413.739.5626 • F: 413.732.5457 • www.StudyHome.org

Monday-Friday, 7:30am – 5pm

CAMP CASA CHECKLIST

Please use the following checklist to assure all parts are complete prior to turning in application. Your child's spot will not be reserved until ALL parts of the application are completed, full payment and all required documentation has been submitted:

- Camp Casa Application (*all parts completed, signed and dated*)
 - \$30.00 non-refundable fee
 - Completed Immunization Record
 - Completed physical examination for 2018/2019 School Year
- IEP/504 (if applicable)

**INCOME ELIGIBILITY FORM FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to:

[Name of Sponsor] The Childrens Study Home

If you need help, call [phone number of Sponsor] 413-739-5626

Follow these instructions, if your household gets SNAP, TAFDC, participates in Head Start, or is homeless:

Part 1: List participant's name and a SNAP or TAFDC case number or indicate Head Start participation or homelessness.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions: Please Note: Foster children are children formally placed in foster care by a State child welfare agency or a court and the state must retain legal custody of the child. It does not apply to informal arrangements with relatives or others.

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP or TAFDC case number in Part 1 and did not indicate Head Start or homelessness.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B-Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last) _____ SNAP or TAFDC case # (if any). **Skip to Part 4 if you listed a case # or indicate Head Start or Homeless.**

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please **contact [name of Sponsor] at [phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP or TAFDC case number or indicate Head Start or homelessness in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly _____	\$150/weekly _____	\$100/monthly _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____ Categorical Eligibility: _____ Eligible _____ Not Eligible _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Transitional Aid to Families with Dependent Children (TAFDC) Program case number for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

April 2019