



1509 16th Street, NW Washington, DC 20036 * (202)289-1510 * www.CampMossHollow.com

CAMPER APPLICATION SUMMER 2010

CAMPER INFORMATION

Camper Name: _____ Age: _____
Home Address: _____ Apt: _____ Ward: _____
City: _____ State: _____ Zip: _____ County: _____
School: _____ Location: _____ Grade: _____
GPA: _____ Date of Birth: ____/____/____ Shirt Size: _____ Gender: M / F
Campers Email Address: _____ Camper Cell: _____

Please mark one of the following ethnic identities:

American Indian/Alaska Asian Black/African American White
Native Hawaiian, Other Pacific Islander Hispanic/Latino Not Hispanic/Latino

PARENT INFORMATION

Custodial Parent/Guardian: _____
Relationship to Camper: _____ Cell: _____
Home: _____ Work: _____
Email Address: _____
Social Security #: _____ Total Family Income (Gross): \$ _____

Please mark the boxes that apply to you:

TANF Medicaid Food Stamps Foster Parent

EMERGENCY CONTACT/AUTHORIZED PICKUP INFORMATION

My child may be picked up by the following authorized individuals (other than Parent/Guardian & Emergency Contact):

Emergency Contact 1: _____
Relationship to Camper: _____
Cell: _____ Home: _____
Emergency Contact 2: _____
Relationship to Camper: _____
Cell: _____ Home: _____

Medical Coverage, provided by Family Matters of Greater Washington, for children attending camp, covers illnesses and injuries that occur during camp. It does not cover pre-existing/conditions or extensive hospitalizations. Paying for conditions not covered remains the responsibility of the parent/guardian. **A copy of the child's medical insurance must be submitted with this application.**

Medical Insurance Company _____ Medical Insurance ID # _____
Primary Care Physician _____ Physician Contact Phone _____

I/We grant permission for our child named above to take part in the Youth Development Programs provided by Family Matters of Greater Washington, D.C., Inc. I/We agree to assume all financial responsibility in case of injury or accident arising from such event(s). In case of injury or illness, I authorize FMGW staff to administer treatment.

Signature of Parent/Guardian _____ Date _____

For office use only:

REGISTRATION INFO

Registration Date: _____/_____/_____

Registered by: _____

Camp Brain: No: Yes:

Sessions Attending:

1 2 3 4 5
6 7 8

Will you be attending open house:

Registration Fee: \$35

Session Tuition: \$ _____

TOTAL DUE: \$ _____

Deposit Paid: \$ _____

Online Payment: \$ _____

Balance Due: \$ _____

Referring Agency

Coordinator

Phone

Parents complete

Date of last Immunization: _____

Hospitalized in the last 3 months:

No: Yes:

Reason: _____

List ALL Prescribed Medications:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



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CAMPER PROFILE SUMMER 2010

CAMPER PROFILE

Camper Name: _____ Nickname: _____

Child currently lives with: ___ Parents ___ Mother ___ Father ___ Grandparents ___ Other: _____

Age of Brothers(s): _____ Age of Sisters(s): _____

Ever attended Camp Moss Hollow: No Yes

If yes, what years: Summer: _____ Winter: _____

What other overnight camps have you attended: _____

Camper characteristics (Please (X) all that describe your child):

- Alert Cheerful Selfish Friendly Tries to finish what they start
- Obedient Very active Bossy Moody Light Sleeper
- Shy Strong-Willed Easy-going Bully Bed Wetter
- Talkative Quiet Easily Led Sad Sleep Walker

Can child swim in deep water? No Yes

Family Status:

Unmarried Divorced Separated Married

How did you hear about Camp Moss Hollow:

- Newspaper Radio Movie Theater Ad Facebook Twitter Friend Camp Fair
- ACA School Flyer School PTA Recreation Center Text Advertising
- Other _____

Please write any additional information you feel important concerning your child: _____

CAMPER DIETARY PROFILE

My child does **NOT** require any special dietary needs.

My child does have special dietary needs as follows:

- Vegetarian meals ONLY No red meats No milk/dairy products
- No Peanut butter/nuts No wheat products No shell fish/seafood

Other dietary comments: _____



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Camper Medical Procedures SUMMER 2010

Camper's Name: _____ Age: _____ Gender: _____

Camp Medical Procedures

The camp follows a healthcare protocol, which is based on best practices by childcare professionals and reviewed and signed by a medical practitioner or licensed physician.

Every child must have a recent health examination (within six months of camp departure date) to attend camp. School based medical forms are acceptable if signed within this time period. However, **all** parents must complete a **Medical Update Form that details any changes of address, parent contact or changes in the child's medical condition or prescribed medication**. Your **personal physician must** complete **all medical questions** on the health history form--**then sign and date the form**. Please bring your child's **immunization record** to the physical examination so that this information will be included on the signed medical form.

A trained medical practitioner is on duty at camp and can attend to minor camp related illnesses and injuries. On arrival day at camp, the camp medical staff will screen each child briefly. All medications will be turned over, at this time, to be recorded and kept safely in the Health and Wellness Center.

All medications must be labeled with your child's name and must be in its original container in order to be administered to your child.

***Medications are documented against the child's medical form. Therefore, if the signed medical form indicates that your child is on medication, we are required to give that medication as indicated on the form. If your child does not have the medication indicated on the form, he/she cannot stay at camp unless you (the parent) bring the medication to camp prior to the scheduled dosage.**

Our local health authority prohibits the camp from administering non-prescription drugs, such as Tylenol, Chloroceptic, without written parent approval. **This signed Release serves as your approval.**

All children, who are on regular medication prior to their arrival at camp or during the school year, must remain on that medication while at camp. Many times, children who are withdrawn from their medication just prior to camp, experience physical and behavioral discomfort as a result.

If your child is injured (e.g. broken bone, burned), has an abrasion (e.g. fell off a bike) or has been exposed to a communicable disease just before attending camp, please contact the Youth Development Office immediately. We will be happy to try and reschedule your child for a different session. This is for the health and well being of all. Failure to notify us in advance may result in your child being sent home.

The camp has arranged for medical insurance to cover the normal camp related illnesses and injuries. It will not cover extensive hospitalization, major medical expenses or pre-existing medical conditions. Conditions not covered by the camp policy, or those that exceed the limits of the camp policy shall remain the responsibility of the parent or guardian.



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Camper Medical Release SUMMER CAMP 2010

The following statements do not affect your child's eligibility for camp. Special medical needs are considered on a case-by-case basis to ensure a successful experience for your child.

1. This Camper Release authorizes the camp to administer non-prescription drugs unless indicated and prohibited on their health form. If the nurse should have any questions about dosage, times, etc., he/she will contact the parent at the number indicated above.

Parent/Guardian Signature: _____ **Date:** _____

2. It is agreed that in case of injury or illness, I authorize my child to receive treatment by an emergency medical technician, camp nurse, hospital, dentist or doctor. First aid may be given at camp. Any follow-up medical attention may be given at a local hospital. Transportation to the nearest hospital is authorized if necessary. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature: _____ **Date:** _____

3. It is agreed that my child's medical insurance is the primary coverage of any illness or injury sustained while at camp. It is understood that Family and Child Services of Washington, DC Inc., may elect to cover illnesses and injuries under their medical insurance to the maximum limitation of the coverage. It is agreed that I will have my child's medical insurance carrier to make contact with Family and Child Services of Washington, DC, Inc., medical carrier for transfer of responsibility. It is clearly understood that if my child does not have proper medical insurance that all costs occurred from my child's illness or injury is my responsibility.

Parent/Guardian Signature: _____ **Date:** _____

4. It is agreed that if my child is on regular medication prior to their arrival at camp or during the school year, they must remain on that medication while at camp

Parent/Guardian Signature: _____ **Date:** _____

5. I further understand that Camp Moss Hollow, by law, cannot assist in administering prescription drugs to my child, even with parental consent, unless the medication is sent in its properly labeled original container with medical verification and the administrative instructions clearly printed with the child's name. Any revised or makeshift labels or containers will not be accepted and will result in your child being sent home for his/her medical well being.

Parent/Guardian Signature: _____ **Date:** _____

6. Finally, if any recorded medication has changed since the child's registration, I agree to update their medical file prior to camp departure by a licensed physician. I agree to send all medications for asthma, allergies, etc. to cover the length of the session. In the event that this is not done, I understand that my child may be sent home for his or her medical well being.

Parent/Guardian Signature: _____ **Date:** _____



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Parent Consent and Release of Liability

It is Agreed and Understood that:

- ❖ Camp Moss Hollow (Camp) serves children from varied economic and ethnic backgrounds, and various physical and social abilities. The camper population is reflective of the youth and teen population in the Washington, DC metropolitan area.
- ❖ Camp Moss Hollow has a zero tolerance policy for drugs, alcohol, weapons or any physical or verbal behavior that causes physical harm or intimidation. Campers identified for any of these infractions will be sent home. It is agreed that the camp director reserves the right to reject applications and to dismiss a camper, if necessary, for the good of the camp.
- ❖ While the camp takes every reasonable precaution, it is agreed that the camp assumes no responsibility for the camper's personal property. We ask that campers not bring electronic equipment including cell phones and portable games to camp.
- ❖ I understand the camp encourages positive hygiene practices for all campers. Campers will take daily showers to promote good grooming. Camp staff, if needed, will wash, comb and style hair in the interest of health and hygiene. This is particularly important after swimming and hikes.
- ❖ Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in Camp may involve risk of property damage and of personal injury, illness and even death of Camper, including but not limited to the risks arising from transportation-related activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food borne illness and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware. I understand that although the camp staff makes all efforts to ensure health and safety at all times, I am aware that all camp programs present risks and hazards, which the participant assumes. I hereby accept those risks associated with participation.
- ❖ I warrant that the Camper indicated on this page is fully capable of safely participating in all Camp activities and has my permission to participate in all camp-related activities and special programming including swimming, boating, hiking, sleep-outs in tents, and out-of-camp trips unless I notify Camp Moss Hollow otherwise in writing.
- ❖ I further recognize that I have instructed my child or ward, to the extent my child or ward will be attending and participating in activities at Camp Moss Hollow, in the importance of knowing and abiding by the rules, regulations and procedures at Camp Moss Hollow.

Consent to Attend Camp Moss Hollow

I hereby give permission for _____ to participate and attend Camp Moss Hollow.

Camper's Name: _____ Gender: _____ Age: _____

Attending Session(s): 1 2 3 4 5 6 7 8 Retreat Winter Camp

Print Parent or Guardian Name

Relationship to Child

Signature of Parent or Guardian

Date



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Photo Release for Person Under 18 Years of Age SUMMER 2010

I hereby grant Camp Moss Hollow and Family Matters of Greater Washington and its employees, agents, assigns, and sponsors the right to photograph and/or video tape my child for use in promotional or educational materials as follows photo and/or video footage and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Print Name of Camper: _____

Address: _____

City: _____ State: _____ Zip: _____

Yes

No

I hereby authorize the use of these materials indefinitely without compensation. All negatives or positives, prints, digital reproductions and video, audio recordings or quoted remarks shall be the sole property of Camp Moss Hollow and Family Matters of Greater Washington

I certify that I am the custodial parent and/or guardian and have the aforementioned rights to assign.

Signature of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____



INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM

Follow these instructions, if your household gets SNAP, TANF, FDPIR, SSI or Medicaid:

- Part 1:** For family day care home and child care center, list participant's name and a SNAP, TANF or FDPIR case number. For adult day care, list participant's name and a SNAP, FDRIP, SSI or Medicaid case number.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:

- Part 1:** Enter the child's name.
- Part 2:** Please contact us at [Phone Number].
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- 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 list 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.



**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL BENEFIT INCOME ELIGIBILITY FORM**

Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)

Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # for <u>children only</u> . SNAP, FDPIR, SSI or Medicaid case # for <u>adults only</u> . Skip to Part 4 if you listed a case #

Part 2. Foster Child: In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact **[name]** and **[phone number]**. Skip to Part 4.

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) 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 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 the center or day care home will get Federal funds based on the information I give. I understand that CACFP 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: _____
Social Security Number: _____ I do not have a Social Security Number

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

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> 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: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Things to Bring to Camp SUMMER CAMP 2010

A duffel bag will hold all you need and tow well on the bus and under your bed. Be sure that your child's name is on all possessions. Here's what is needed this summer:

Sleep Wear

- 1 Sleeping bag or 2 single sheets and 1 blanket
- 2 pair of pajamas

Toiletries

- 2 – 3 towels and washcloths
- 1 travel size deodorant, lotion, hair grease and powder
- 1 Bar soap or Shower gel
- 1 brush or comb
- 1 toothpaste and toothbrush
- 1 pair of shower slippers
- 2 small trash bags for dirty clothes

Clothes

- 1 light jacket for cool evenings
- 1 long sleeve shirt
- 1 sweatshirt
- 2 plain white tee shirts
- 4 or more tee shirts or short-sleeved shirts
- 1 lightweight raincoat or poncho (with hood, if possible)
- 1 cap or scarf for hikes
- 5 or more pairs of socks
- 2 swimsuit / trunks
- 1 pair of casual / dress shoes for evening program
- 1 pair of sneakers
- 1 pair of hiking boot (if possible)
- 4 pair of shorts
- 2 – 3 pair of long jean pants
- 1 dress or skirt and top (girls) for evening program
- 1 pair of slacks and shirt (boys) for evening program

Extras

- 1 flashlight (extra set of battery)
- Bug repellent
- Small pillow

Please don't bring all new clothes or sneakers. We hike in the rain and play in the mud. We sit on the ground and exercise on the floor. Come prepared to get dirty and have some fun. Bring practical, comfortable clothes and shoes. Remember there may be some cool days and nights. It is important that each child's belonging be clearly marked with his/her name.

