

CAMP HOLLIS

CAMPER APPLICATION FOR 9 – 14 YEAR OLD

SPRING 2008



Camp Hollis, owned and operated for over 60 years by Oswego County, is located on Lake Ontario near the city of Oswego. The camp offers a weeklong residential camping experience to children between the ages of 9 and 14 (See page 4 for age requirements).

Program: Activities include swimming, hiking, arts and crafts, dramatics, sports, games, campfires, and much more. A special camp for 13 - 14 year old children offers in-depth programs designed for teens (theatre, woodworking, wilderness camping, etc.).

Facilities: Camp Hollis includes cabins with counselor supervision, a swimming pool, a softball diamond, nature trails, and a dining hall. Our food service unit provides three nutritious meals and a snack each day. The camp's health center is staffed with a registered nurse in residence at all times.

Transportation: Parents bring their children to camp on Sunday evening, 5:00 p.m. – 6:00 p.m., and pick them up at 4:30 p.m. on Friday.

Fees/Registration: **NEW IN 2008: REGISTER YOUR CHILD FOR MORE THAN ONE SESSION!** **Camp Hollis fees are on a sliding scale (see Section II of application).** On the average it costs Camp Hollis \$225 per child for their week at camp; however, the fees for Oswego County children are reduced due to subsidizing from the County of Oswego, the Friends of Camp Hollis, and the United States Department of Agriculture (USDA) Summer Feeding Program. **Oswego County children in foster care and children receiving cash public assistance do not pay any fees.** Families experiencing extreme circumstances or difficulties may contact our office for options beyond the sliding scale. Children will be enrolled for camp on a first come, first served basis **upon receipt of a completed application and fee** (if applicable). Oswego County youth have the first opportunity to register for camp. **Deadline for applications is June 2, 2008.** Applications received after June 2nd will be considered as openings occur.

For more information on our program at Camp Hollis call our main office at the **Oswego City-County Youth Bureau (349-3451)** or check our website at www.oswegocounty.com/youth/hollis.

VISIT OUR OPEN HOUSE

Sunday May 4th OR June 8th, 2008
1:00 PM – 5:00 PM

See the camp, meet the staff, and help your child prepare to go to camp!

It is required that Camp Hollis be inspected twice a year. Reports are available for public inspection at the Environmental Division of the Oswego County Health Department, 70 Bunner Street, Oswego, New York 13126. Camp Hollis accepts children with handicapping conditions and does not discriminate because of sex, race, color, or national origin.

HOW TO REGISTER A CHILD FOR CAMP HOLLIS:

Section I: Fill out completely.

Section II: Determine a fee and complete Section II using the following guidelines:

OSWEGO COUNTY RESIDENTS

- If child is an Oswego County foster child or receives cash public assistance, print the Case No. in **Section II**. Send completed application and USDA form to the address below. Send no money.
- Please refer to the chart in Section II to determine a fee to attend. Use the total number of individuals living in the camper's home and total household income (including income from Child Support, SSI, Alimony, Unemployment, etc.) to determine the amount to be paid.
- If total household income falls in Category 1, mail a check for \$30 for each week and the application form and USDA form to the address below.
- If total household income falls in Category 2, mail a check for \$60 for each week and the application form and USDA form to the address below.
- If total household income falls in Category 3, mail a check for \$120 for each week and the application form to the address below.
- If total household income is above those in Category 3, mail a check for *\$180 for each week and the application form to the address below.

For inquiries regarding additional financial assistance, contact our main office at 349-3451. This assistance requires an additional application and is to be submitted with the camper application and USDA form to the address below.

OTHER COUNTY RESIDENTS

- Children who live outside of Oswego County may enroll for a limited number of camper slots. Mail a check for \$225 for each week and the application form to the address below.

Section III: Indicate your choice(s) for each week of attendance. Choose weeks appropriate for your child's age.

USDA Form (Pink Form): The United States Department of Agriculture (USDA) Summer Feeding Program's funding helps Camp Hollis provide healthy meals for campers. The pink form in this application **MUST** be filled out if the applicant is in **foster care, in a family receiving public assistance, or part of a family in Category 1 or Category 2.**

YOUR CHILD IS NOT ACCEPTED TO COME TO CAMP UNTIL WE RECEIVE THE COMPLETED PAPERWORK AND REQUIRED PAYMENT DUE JUNE 2, 2008. APPLICATIONS RECEIVED AFTER JUNE 2nd WILL BE CONSIDERED AS SPACE ALLOWS.

MAKE CHECKS PAYABLE TO:	Oswego City-County Youth Bureau
MAIL TO:	70 Bunner Street Oswego, New York 13126

If after receiving an acceptance letter, your child is unable to attend, you must call the office to cancel your child's attendance at camp. **THIS MUST BE DONE AT LEAST TWO WEEKS PRIOR TO THE WEEK YOUR CHILD WAS TO ATTEND TO RECEIVE A FULL REFUND.**

*PLEASE NOTE: Fees for Oswego County children to attend Camp Hollis do not cover the total cost of camp. The actual cost is offset by Oswego County support, the Friends of Camp Hollis donations, and the USDA Summer Feeding Program. If you wish to help support Camp Hollis, you may contribute an amount greater than your sliding scale fee. While not required, it would be greatly appreciated.

CAMP HOLLIS
CAMPER APPLICATION FOR NINE TO FOURTEEN YEAR OLD

SECTION I

Child's Name _____ Last _____ First _____ Nick Name _____

Address _____ Street/Road/Route _____ City _____ Zip Code _____

Date of Birth ____/____/____ Age ____ Sex ____ County of Residence _____

School _____ Present Grade _____

Home Phone No. _____ Father's Work No. _____ Mother's Work No. _____

Name of Parent/Guardian _____

In the event parent/guardian cannot be reached and advice and/or permission is needed, the next responsible adult who is to be contacted locally is:

Name _____ Address _____

Phone No. _____ Alternate Phone No. _____ Relationship to Camper _____

I give my permission for my child's picture to be taken and used for publicity purposes only.


SECTION II

OSWEGO COUNTY RESIDENTS' FEE DETERMINATION (NON-RESIDENTS PAY \$225)

Foster Child: S ____ Case No. _____

Child Receiving Cash Public Assistance: PA ____ Case No. _____

GROSS INCOME ELIGIBILITY GUIDELINES

 FEES (Circle amount you will pay)	<u>CATEGORY 1</u> \$30 If total household income is equal to or less than:	<u>CATEGORY 2</u> \$60 If total household income is between:	<u>CATEGORY 3</u> \$120 If total household income is between:	\$180 <u>CATEGORY</u>
Number of Persons In Household	Include income from Child Support, Alimony, SSI, Unemployment, etc.			
1	\$13,273	\$13,274 - \$18,889	\$18,890 - \$26,546	If total household income is more than amount in <u>CATEGORY 3</u>
2	\$17,797	\$17,798 - \$25,327	\$25,328 - \$35,594	
3	\$22,321	\$22,322 - \$31,765	\$31,766 - \$44,642	
4	\$26,845	\$26, 846 - \$38,203	\$38,204 - \$53,690	
5	\$31,369	\$31,370 - \$44,641	\$44,642 - \$62,738	
For each additional family member add	\$4,524	\$6,438	\$9,048	

My signature certifies that my total household income is accurate and indicated by the fee amount I have circled.

Parent/Guardian Signature

CHOOSE A WEEK FOR ATTENDANCE

AGE REQUIREMENTS

- Age 9 and 10:** By the first day of camp or entering the fourth grade in Fall 2008
Age 11 and 12: By the first day of camp or entering sixth grade in Fall 2008
Age 13 and 14: By the first day of camp, entering eighth grade in Fall 2008, cannot turn 15 before August 31, 2008.

SECTION III

Indicate your choice(s) for your child to attend by a check mark next to each week desired. We will make every effort to have your child attend for the week(s) you have indicated. Registrations are accepted on a first come, first served basis.

BE SURE TO SELECT "AGE-ELIGIBILITY WEEKS" WHEN MAKING CHOICES.

9 – 10 Year Olds: July 6 - 11 _____ July 20 -25 _____ August 10 - 15 _____ August 17 - 22 _____

11 – 12 Year Olds: July 13 - 18 _____ July 27 - August 1 _____

13 – 14 Year Olds: August 3 - 8 _____

- FOR OFFICE USE ONLY -

Date Application Received _____

Date DSS Verification Letter Sent _____

USDA Form Required _____

Check or Money Order Date _____

Check No. _____

Date Welcome Packet/Medical Form Sent _____

Friends of Camp Hollis _____

DSS Verification Letter Received _____

USDA Form Received _____

Amount _____

Money Order No. _____

Medical Form Received _____