

CAMP HOLLIS CAMPER REGISTRATION

8 YEAR OLD OVERNIGHT

SECTION A: CAMPER INFORMATION

Camper Name: (Last) _____ (First) _____		Nick Name: _____
Address: (Street/Road) _____ (City) _____ (Zip) _____		
Date of Birth: / /	Age: _____	County of Residence: _____
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
School: _____	Current Grade: _____	
Age By First Day of Camp: _____	** Child must be 8 years old by the first day of camp. Please understand that age groups are set up to provide a happy and safe experience for our campers.	
Mother/Guardian: _____	Primary Phone: _____	Alternate Phone: _____
Father/Guardian: _____	Primary Phone: _____	Alternate Phone: _____
** 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 (Please provide a different contact person and contact information from information listed above):		
Emergency Contact: _____	Relationship to Camper: _____	
Address: _____	Primary Phone: _____	Alternate Phone: _____

JUNE 27-JUNE 28

SECTION B: SPECIAL PERMISSION

*I give my permission for my child's picture to be taken it will be used for publicity purposes only.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*I give my permission for my child to self-administer sunscreen to prevent over exposure to the sun.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are in receipt of Public Assistance, you may be eligible for assistance with camp fees. If you give us a Temporary Assistance, Food Stamp, or Foster Care number, we need to verify the information you provide with the Oswego County Department of Social Services.	PUBLIC ASSISTANCE # _____	FOSTER CARE CASE # _____

*NOTE: ** Once Camper Application and Payment is received then all other registration forms (Medical Form, USDA Form) will be sent and must be complete to finalize your spot for Camp Hollis. Completed Registrations are accepted on a first come, first served basis ***

Families experiencing extreme circumstances or difficulties are encouraged to contact:
 Youth Bureau Office: (315-349-3451) OR Camp Hollis [May through October] (315-349-3241)
 for information regarding financial support beyond the sliding scale.

SECTION C: OSWEGO COUNTY RESIDENTS' FEE DETERMINATION
(NON-COUNTY-RESIDENTS PAY \$75)

GROSS ANNUAL INCOME ELIGIBILITY GUIDELINES
(Oswego County Residents, Please Calculate your Yearly Income and Use the Chart Below to Determine in Which Fee Category your Camper Fits. Out of County Residents Pay the \$75)

Number of Persons in Household	Category # 1	Category # 2	Category # 3	Category # 4	OUT OF COUNTY RESIDENTS PAY
1	Up to \$15,678	\$15,679 - \$22,311	\$22,312 - \$31,356	Over \$31,356	
2	Up to \$21,112	\$21,113 - \$30,044	\$30,045 - \$42,224	Over \$42,224	
3	Up to \$26,546	\$26,547 - \$37,777	\$37,778 - \$53,092	Over \$53,092	
4	Up to \$31,980	\$31,981 - \$45,510	\$45,511 - \$63,960	Over \$63,960	
5	Up to \$37,414	\$37,415 - \$53,243	\$53,244 - \$74,828	Over \$74,828	
For Each Additional Person Add:	\$5,434	\$7,733	\$10,868	\$10,868	
Based On Income, You Pay:	\$20	\$30	\$55	\$70	\$75

SECTION C: CAMPER DETERMINED FEE & PAYMENT INFORMATION

FEE DETERMINED: (circle one)	Cat.#1 \$20	Cat.#2 \$30	Cat.#3 \$55	Cat.#4 \$70	Non-County Fee \$75
FORM OF PAYMENT: (circle one)	CASH		CHECK	CREDIT CARD	

Please check this box if you are applying for Financial Aid

** If you fall within Category #1 or Category #2, we can assist with certain Camp Supplies: **
Sleeping Bags, Pillows, Hygiene Products, Swimsuits, etc.

Please check this box if you need assistance with Camp Supplies

PLEASE RETURN COMPLETED REGISTRATION FORM TO:

Oswego City/County Youth Bureau, 70 Bunner Street, Oswego, NY 13126

→ My signature certifies that my total household income is accurate as indicated by the fee amount I am paying ←

Parent/Guardian Signature:

-- FOR OFFICE USE ONLY --

Date Registration Received:		Date Welcome Packet Sent:			
Full Registration information:	Photo Permission:	<input type="checkbox"/>	Sunscreen Permission:	<input type="checkbox"/>	Emergency Contact:
Welcome Packet Info. Received:	Medical Form:	<input type="checkbox"/>	Immunizations:	<input type="checkbox"/>	USDA:
Payment:	Amount Paid: \$	CASH	CHECK/ MONEY ORDER		
Date DSS Verification Letter Sent:			Date DSS Verification Letter Received:		