

KIDS TO KAMP APPLICATION (PLEASE PRINT CLEARLY)

Today's Date _____

CHILDS INFORMATION

Child's Full Name: _____

Date of Birth: ____/____/____ Age of Child: _____ Male ____ Female ____

Street Address: _____ City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION

Full name of Parent/Guardian: _____

Street Address: Check Here if Same As Above _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____ Employer: _____

Marital Status: Single Married Widow Widower

Total Monthly Income: \$ _____ Source of Income: Public Assistance SSI Other(Specify)

Relationship to Applicant: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature _____ Date _____

FAMILY/HOUSEHOLD SIZE

Indicate number of males and females for both adults and children in your household. Adults are household members 18 and older.

Adult Males: _____ Adult Females: _____ Children (Males): _____ Children (Females): _____

Camp Information

Name of Camp: _____ Telephone Number: (____) _____

Address: _____

Camp Fee(s): \$ _____ Date(s) of Camp Sessions: _____

MEMORANDUM

Date: _____

TO: DAMCI

NAME OF KAMPER: _____

NAME OF PARENT(S): _____

SUBJECT: Photographing of Kamper for DAMCI newsletter or media article

You are hereby permitted to photograph my son/daughter while participating in DAMCI related activities.

YES

NO

Parent Signature: _____

Date: _____