



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP CHRISTINA-2019 CAMBERSHIP PROGRAM

Please return **COMPLETED** campership information to the following address:

Old Colony YMCA Stoughton Branch- 445 Central St. Stoughton, MA 02072
Attention: Danielle Kucinski, Camp Director

Scan documents to: dkucinski@oldcolonymca.org

Fax documents to: 781-341-2533 attn: Danielle Kucinski

Deadline for all applications is May 1st, 2019.

Any application submitted after deadline is not guaranteed to be reviewed, and or granted aid for the summer.

Please return all of the following:

- 1. Camp Registration Forms** **Must be COMPLETELY filled out and SIGNED by Parent or Guardian. Arrival and Departure information must be completed. Physical and immunizations must be submitted by June 1st.**
- 3. Campership Application** **Must be COMPLETELY filled out and SIGNED by Parent or Guardian.**
- 4. Income Verification** **REQUIRED. See the following:**

ALL SOURCES OF INCOME MUST BE PROVIDED. Parents/Guardians are required to furnish a statement of their weekly/monthly income for ALL working or non-working parents, including step-parents or those legally responsible for the child. Foster parents must provide proof of income received specifically for the care of the child.

Examples of income verification are the following:

- 4 (four) current pay stubs (or the equivalent of one month's wages).
- Letter from employer stating hourly wages, hours worked and length of employment.
- Unemployment compensation checks. (Name must appear on documentation.)
- Child support income.
- A.F.D.C. Statements.
- Social Security allowance.

You will be informed by e-mail, mail or telephone if campership aid has been approved.

Campership aid is for **2 WEEKS OF BASIC TRADITIONAL CAMP ONLY**. Scholarships are NOT awarded for Specialty camps. Registration will not be accepted into a Specialty camp if a child has received campership aid.

Approval does not guarantee your child a slot at the camp. If aid is awarded, fee must be paid in full before child can attend camp

CAMP STOUGHTON DAY CAMP

Campership Application

Return Campership application, camp registration card, health forms, and income verification to:
Stoughton YMCA, 445 Central Street, Stoughton, MA 02072

Parent/Guardian Name: _____ E-mail Address: _____ (please print clearly)

Address: _____ Phone: _____

Child's Name _____ Date of Birth _____ Age _____

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Child's Name _____ Date of Birth _____ Age _____

Number of dependents living at home (include yourself, spouse & dependent children): _____

Your gross wages per month \$ _____ Spouse's gross wages per month \$ _____

Do you or your spouse receive A.F.D.C. \$ _____ S.S.I. \$ _____ Child Support \$ _____

Other Income Source _____ Amount \$ _____

TOTAL family income from ALL sources: \$ _____

Department of Public Welfare Unit Number: _____

Department of Social Services Social Worker's Name: _____

Have you applied elsewhere for aid? _____ If so, where? _____

Please give a brief statement regarding this campership request-**REQUIRED**: _____

How much can you contribute towards the weekly camp fee? _____

Please check session preference. This does not guarantee your first choice and is subject to availability.
Campership aid is for 2 WEEKS ONLY of BASIC TRADITIONAL DAY CAMP. WEEKS MUST BE CONSEQUITIVE.

- Week 1: June 17-June 21 _____
- Week 2: June 24- June 28 _____
- Week 3: July 1 -July 5 _____
- Week 4: July 8 -July12 _____
- Week 5: July15-July 19 _____
- Week 6: July 22- July 26 _____
- Week 7: July 29- Aug 2 _____
- Week 8: Aug 5- Aug 9 _____
- Week 9: Aug 12- Aug 16 _____

This is an application for aid only and does not guarantee that campership aid is available.
Applicants will be notified as early as possible if accepted. If information is missing we will not be able to process your application.

Parent's Signature _____ Date _____

Office Use Only

Date Received _____ Confirmation Email Sent: _____

Member/ Non-Member M # _____

PW Complete _____ Missing information: _____

Date Notified _____