



Summer 2017 - Camp Dakota Application (3 pages)
Application (deadline April 20, 2017)

Name of child: _____ Age: _____

Phone: _____

Address: _____

Mother's Full Name: _____

Father's Full Name: _____

E-mail Address: _____

All of Child's diagnoses:

Gross Yearly Income: _____ (per most recent tax return)

How would attending camp benefit your child?

Emergency contact numbers, please list two:

Name: _____ Number: _____

Name: _____ Number: _____

Please note that we are not licensed to dispense any type of medication to anyone at any time for any reason.



Medical issues we need to be aware of at camp:

Please rank, in order of preference, the week(s) you'd like your camper to attend. Campers may attend from 1-6 weeks, depending on space availability. Be sure to number the weeks you would like to reserve, from your 1st choice to last choice.

Weeks requested are not guaranteed upon receipt of your application. However, you will be notified by May 20, 2017 regarding approval (or denial) and confirmation of the week(s) for your child to attend camp.

_____ Week 1 - JUN 26-30

_____ Week 2 - JUL 17-21

_____ Week 3 - JUL 24-28

_____ Week 4 - JUL 31- AUG 4

_____ Week 5 – AUG 7-11

CAMP COST is \$450 per week per camper. We offer full and partial scholarships (not including \$25 activities fee per week per child) and \$25 non - refundable Registration Fee.

All scholarships are for those with financial need.

Please circle the Tier that you feel most comfortable contributing to your child's camp experience.

Tier 1 \$450 per week (Includes the \$25 Activity Fees)

Tier 2 \$300 per week (Includes the \$25 Activity Fees)

Tier 3 \$100 per week (Does not include the \$25 Activity Fee per week)

Tier 4 Full Scholarship- (Does not include \$25 Activity Fee per week)



Please list one teacher and one outside person that can contest to your financial need and to the needs of your child.

Teachers Name: _____ Number: _____

Second Contact: _____ Number: _____

Relationship to child: _____

I hear by swear that everything I have stated is true and accurate to the best of my knowledge.

Signature

Date

We are looking forward to helping your family have a safe and fun filled summer!

Sincerely,
Shelley Reilley
President PAF

For Office Use only Date received:

Application completed correctly: YES NO

Camp Registration Confirmed: YES NO

Responsibility Form Completed: YES NO

Scholarship approved: YES NO

Tier Level of Scholarship: 1 2 3 4

If child received scholarship last year did family fulfill scholarship Volunteer hours on time:

Yes No

Approved: _____ Not Approved: _____

Weeks Approved for: 1 2 3 4 5 6

Total Amount Approved for: _\$ _____

Approving Board members Signature: _____