

THE SALVATION ARMY SUMMER CAMP SCHOLARSHIP PROGRAM



Friends and supporters of The Salvation Army Ray and Joan Kroc Corps Community Center have created a Scholarship Fund which helps low-income families to afford Kroc Center programs by providing a discount. Our aim is to aid people in having positive life-changing experiences through arts, athletics, personal development, spiritual discovery and community service.

Application does not guarantee assistance. Scholarship space and funding is limited and will be awarded based on eligibility, timeliness, and space available. Sliding scale based on household size and income.

Deadlines for Summer Camp Scholarship Applications: Weeks 1-4: Thursday, May 6th • Weeks 5-7: Thursday, June 3rd • Weeks 8-11: Thursday, June 24th

❖ **Eligibility:**

Assistance is given to those with a proven financial need who live within the following service area:

91941 – La Mesa	92105 – San Diego	92120 – San Diego	91978 – Spring Valley
91942 – La Mesa	92115 – San Diego	92182 – San Diego	
91945 – Lemon Grove	92119 – San Diego	91977 – Spring Valley	

❖ The following documents are required for all members living in the residence (including roommates and non-family members):

- Application for Social Concern
- Summer Day Camp Registration Form (one for each child attending)
- Verification for all members of the household
 - Photo ID required for all adults
 - Shot records, birth certificates, or school IDs will serve as proof for children
- Current proof of income or lack of income for all members living in the household
 - 2 current pay stubs, TANF Notice of Action, child support, Social Security, educational class schedule verification, unemployment application
- Address verification (a recent utility bill)

Submit completed application packets to the **Scholarship Department** in the Family Resource Center located at 6845 University Avenue San Diego, CA 92115 (619) 269-1430.

- ❖ Day Camp Scholarship space and funding is limited and will be awarded based on eligibility, timeliness, and space available. All applications must be received in the Scholarship Department by the deadline, as listed below. If no space is available for a requested Sports or Specialty camp, children will be placed into Kroc Adventures. **Campers may attend multiple weeks of day camp, however, only one Specialty camp per child can be granted through Scholarship each summer.** Extended Care is available.
- ❖ It can take up to three weeks to process requests. Incomplete applications will not be processed. Applicants will be contacted in writing regarding status.
- ❖ Scholarship recipients will be asked to contribute toward camp fees. Once approved, recipients must pay their portion of the fee and complete enrollment by the expiration date printed on the Scholarship Voucher. Scholarship funds do not cover field trip costs, or late fees.
- ❖ Recipients must use the camp that has been funded. Future requests for scholarship assistance by the same applicant may not be considered if funds or programs are misused.
- ❖ All scholarship awards are confidential. Applicants agree to refrain from discussing awards with others.

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Los amigos y patrocinadores del The Salvation Army Ray and Joan Kroc Corps Community Center han creado un Fondo de Becas el cual ayuda a las familias con bajos ingresos para cubrir el costo de programas en el Kroc Center ofreciéndoles un descuento. Nuestro objetivo es ayudar a la gente para que tenga experiencias positivas de cambio de vida a través de las artes, actividad física, desarrollo personal, descubrimiento espiritual y servicio comunitario.

Aplicar no garantiza asistencia. La Cantidad de becas y fondos son limitados y serán asignados basado en el cumplimiento de requisitos, aplicando dentro del plazo requerido, y la cantidad de becas y fondos. Las becas serán concedidas en una escala de acuerdo a los ingresos y número de personas en la residencia.

La última fecha para aplicar para Becas al Campamento de Verano: Semanas 1-4: Jueves, 6 de Mayo • Semanas 5-7: Jueves, 3 de Junio • Semanas 8-11: Jueves, 24 de Junio

❖ Requisitos:

Se les otorga asistencia a las personas con comprobada necesidad económica y que residan en los siguientes códigos postales:

91941 – La Mesa 92105 – San Diego 92120 – San Diego 91978 – Spring Valley

91942 – La Mesa 92115 – San Diego 92182 – San Diego

91945 – Lemon Grove 92119 – San Diego 91977 – Spring Valley

❖ Los siguientes documentos son requeridos para todas las personas que viven en su domicilio (incluyendo personas que comparten su casa y no son de su familia):

- Aplicación para Previsión Social (Social Concern)
- Llenar el formulario de becas para el campamento de verano (uno por cada niño)
- Verificación de todas las personas viviendo en domicilio.
 - Identificación con foto es requerida para todos los adultos.
 - Tarjetas de vacunas, o actas de nacimiento, o Identificación de la escuela sirve como prueba para los menores de edad.
- Prueba de ingreso actual o de no ingreso para todos las personas en ese domicilio
 - Los 2 últimos talones de pago, TANF Noticia de Acción, pago de asistencia para los niños, Seguro Social, verificación de su horario escolar, o solicitud de desempleo.
- Comprobante de domicilio
 - Un recibo de electricidad, cable, o teléfono de la casa

Entregar todos sus documentos y su aplicación a el **Departamento de Becas** en el edificio Servicios Familiares localizado en el 6845 University Avenue San Diego, CA 92115 (619) 269.1430

- ❖ La cantidad de becas y los fondos para ellas son limitados y serán otorgadas basado en elegibilidad, cuando la aplicación sea aceptada, y cantidad disponible. Todas las solicitudes deben ser recibidas en el Departamento de Becas antes del plazo, listado arriba. Si no hay espacio para el deporte o especialidad solicitada, los niños serán inscritos en el Kroc Adventures. **Los niños pueden atender semanas múltiples del campamento diario, sin embargo, solo un campamento de especialidad por niño puede ser otorgada a través de una beca cada verano.** Cuidado extendido está disponible.
- ❖ La solicitud puede tomar tres semanas en proceso. Solicitudes incompletas no serán procesadas. Los solicitantes serán contactados por escrito acerca del resultado del proceso.
- ❖ A los becados se les requiere que contribuyan para el pago del campamento. Una vez aprobados, los becados deberán pagar la porción de la cuota que les corresponda y completar la inscripción en la fecha de expiración impresa en el vale de la beca. Los fondos de la beca no cubren costo de excursiones, o cargos por atraso de pago.
- ❖ Los becados deben de utilizar el campamento para el cual se le han otorgado los fondos. Solicitudes futuras para asistencia de becas por el mismo interesado puede que no sea considerada si se le han dado mal uso a los fondos o programas.
- ❖ Todas las becas son confidenciales. Los solicitantes se deben de abstenerse de revelar los resultados de su beca con otros interesados.

APPLICATION FOR SOCIAL CONCERN



Language preference (*Lenguaje de preferencia*): _____

Have you received services at the Salvation Army in the past? (*Ha recibido servicios del Salvation Army?*) Yes No

If so, when (*cuando*)? _____

SECTION I – APPLICANT INFORMATION (*INFORMACIÓN DEL APLICANTE*)

Last Name (*Apellido*): _____ First Name (*Nombre*): _____

Address (*Dirección*): _____ City (*Ciudad*): _____

Zip Code (*Código Postal*): _____ Home phone (*Teléfono del la Casa*): _____ Cell phone (*celular*): _____

Work phone (*Trabajo*): _____ e-mail: _____

License ID# (*Licencia de Manejar*): _____ SS# (*Seguro Social*): _____

Birthdate (*Fecha de Nacimiento*): _____ Marital Status (*Estado Civil*): S
M W D

SECTION II – OTHER HOUSEHOLD MEMBERS (*OTROS MIEMBROS DEL HOGAR*)

List ALL PERSONS living in household with applicant. Please indicate if children are foster children. (*Escriba los nombres de todas las personas que viven en su hogar. Estipule si los niños que viven con usted son niños de crianza.*)

Name (Nombre)	Age (Edad)	Sex (Sexo)	Relationship to Applicant (Relación con el Apicante)	Social Security Number (Seguro Social)	Birthdate (Fecha de Nacimiento)

SECTION III – HOUSEHOLD FINANCES (*INGRESOS FINANCIEROS DEL HOGAR*)

Total Household Income per month for ALL PERSONS living with applicant (*Ingresos mensuales por todas las personas en la casa*): _____

Include cash payments for “odd jobs” or “under the table” jobs (. Mark Sources of Income/Aid (*Recurso de ingresos*) :

Gross salary from your Job (*Trabajo- bruto*) _____ Occupation (*Ocupación*): _____

SSI/SSA (*Seguro Social*) _____ Child Support/Alimony (*Sus tención de Menores*) _____ Disability (*Desabilidad*) _____

TANF _____ Food Stamps (*Estampillas*) _____ Pension/Retirement (*Pensión*) _____

Other, please list (*Otro*): _____

Total Expenses per month (*Gastos Mensuales*): _____

Rent (*Renta*) _____ Car (*Auto*) _____ Utilities (*Utilidades*) _____ Groceries (*Comida*): _____

Phone Bill (*Teléfono*) _____ Other, list type (*Otro*) _____

OPTIONAL SURVEY INFORMATION: Information is collected to help determine our client base. It is used for statistical and grant information only and is optional. (*La información que usted nos provee se utiliza solamente para estimar el número de clientes. Se utiliza para nuestras estadísticas y para el uso de becas. El completar esta porción es opcional.*)

Ethnicity (*Grupo étnico*):

Caucasian (*Anglosajón*)

Black (*Afro-Americano*)

Hispanic (*Latino/Hispano*)

Asian/Pacific Islander (*Asiatico*)

Other (*Otro*): _____

Religion (*Religión*): _____

Do you want information about Kroc Church? (*Quiere información de la iglesia Kroc?*) Yes No

Veteran? (*Veterano?*) Yes No

Education Level Completed (*Nivel de Educación*):

HS/GED (*Diploma de la Preparatoria*) College (*Colegio/Universidad*)

CONSENT TO RELEASE INFORMATION FOR SOCIAL SERVICES: The Salvation Army will maintain the confidentiality of your information unless it is deemed necessary to share this information with other private and/or government agencies in an effort to provide the best services or as mandated by law. By signing this form, the applicant is authorizing the release of information for the purpose of assisting in matters pertaining to this case and/or to confirm information provided. (*El Salvation Army mantendrá su información confidencial solo si es necesario para ofrecerle el mejor servicio posible con ley y para confirmar la información recibida. Al firmar esta aplicación usted esta dando autorización para que su información sea confirmada.*)

Signature (*Firma*): _____ Date (*Fecha*): _____



SUMMER DAY CAMP 2010

REGISTRATION FORM (COMPLETE ONE PER CHILD)

Camper's Name: _____ **Date of Birth:** _____
Parent(s) Name(s): _____ **Camper Lives With** (custodial parent): _____
Home Ph: _____ **Work Ph:** _____ **Cell Ph (a):** _____ **Cell Ph (b):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Parent Email: _____ **Camper's School:** _____ **Grade:** _____

T-Shirts: Youth S Youth M Youth L Youth XL/Adult S Adult M Adult L RJKCCC Backpack (Additional fee \$6)
How did you hear about us? Previous Camper Friend Camp Guide/Mailing Internet School Other: _____

Week	List Desired Camp/Field Trip <small>(Please indicate age group as listed in Summer Day Camp Guide)</small>	Extended Care <small>(add \$20)</small>	Field Trip <small>(\$35/\$50)</small>	Club 3:16 <small>(FREE)</small>
<input type="checkbox"/> 1 (June 21 - 25)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 2 (June 28 - July 2)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 3 (July 5 - 9)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 4 (July 12 - 16)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 5 (July 19 - 23)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 6 (July 26 - 30)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 7 (Aug. 2 - 6)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 8 (Aug. 9 - 13)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 9 (Aug. 16 - 20)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 10 (Aug. 23 - 27)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 11 (Aug. 30 - Sep. 3)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

MEMBERSHIP INFORMATION

A child must either have a youth membership or be listed as a member on his/ her parent's family membership in order to receive member discounts on camp fees; membership must be current at time of registration and when the camp session takes place.

My child has a: Youth Membership Family Membership **Member #:** _____

PAYMENT INFORMATION

Reserving Weeks of Camp: A \$25 non-refundable deposit reserves a week; \$10 non-refundable deposit reserves a field trip. Balance of fees due 1 week prior to the session or you will forfeit the registration and deposit. Enrollment may be re-instated based on space availability. A \$10 late fee is charged on all registrations and balances paid less than 1 week prior to the session's start. Space is limited; registrations will be accepted on a first-come, first-served basis. Deposits may not be transferred to future sessions. **No refunds are given unless the program is cancelled by the Kroc Center. Please refer to current Membership & Program Guide for complete refund and cancellation policies.**

Please charge my: Visa Mastercard American Express Discover Other

Account #: _____ Exp. Date: _____

Charge non-refundable deposit only
 Charge entire balance

ACKNOWLEDGEMENT OF RJKCCC DAY CAMP BEHAVIORAL POLICIES/ PHOTO RELEASE

The Salvation Army Ray and Joan Kroc Corps Community Center and any of our partner organizations may use the above listed participant's photo for promotional purposes.

Camper safety is our top priority. Campers are expected to follow the peace contract by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/ drugs will result in immediate suspension or expulsion, necessitating removal from camp. I or an authorized adult is responsible for picking him/ her up immediately.

Signature: _____ **Date:** _____



SUMMER DAY CAMP 2010

ASSUMPTION OF RISK & LIABILITY WAIVER AND HEALTH HISTORY FORM (COMPLETE ONE PER CHILD)

Current immunization dates must be on file with RJKCCC. Please complete the section below or attach a copy of the child's immunization record. If you submitted records for previous camps in 2009 AND shots have NOT been updated since that time, please initial: _____.

(Name of Minor/Camper: Please Print)

IMMUNIZATIONS	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Most Recent
Tetanus, Diptheria, Pertussis (DTaP) or (TdaP)						
Tetanus booster						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis A						
Hepatitis B						
Varicella (chicken pox)	<input type="checkbox"/> Had Chicken Pox				Date: _____	
Meningococcal Meningitis (MCV4)						
Tuberculosis (TB) test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				Date: _____	
Signature required for those who do not have immunizations due to religious reasons:						
Signature: _____ Date: _____						

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require at least three emergency contacts/ adults authorized for pick-up other than the parents listed on page 1.

People **AUTHORIZED** to pick-up my camper:

Name: _____
 Relationship: _____ Phone: (____) _____
 Name: _____
 Relationship: _____ Phone: (____) _____
 Name: _____
 Relationship: _____ Phone: (____) _____
 Name: _____
 Relationship: _____ Phone: (____) _____

People **NOT AUTHORIZED** to pick-up my camper:

Name: _____
 Name: _____

My child is water safe
 (Note: due to safety considerations, the only floatation devices permitted are 1-piece swimsuits with floatation sewn into the suit.)

Information Required by State Law

Health Insurance: Yes No
 Company: _____
 Policy Number: _____
 Family Doctor: _____
 Doctor's Phone: (____) _____
 Doctor's Address: _____

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic:

Diabetes Asthma Carries Epi-Pen
 Epilepsy Carries Inhaler Behavioral Challenges
 Insect Stings Penicillin

Other _____
 Dietary Restrictions: _____
 Operations / Serious Injuries / Diseases / Restrictions on Physical Activity: _____
 Name & purpose of any medication (Complete "Med. Info. Form" for meds administered at camp): _____
 Please list anything else that may affect your child's experience at camp, (i.e.: moving to new home, divorce): _____

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In a condition of the participation of my child in The Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost Incurred for medical care.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.

Parent or Legal Guardian's Name (printed): _____
 Signature _____ Date: _____