Camp Sunrise
2009 Camper Application

For youth 13 to 18 years old who live in Minneapolis or St. Paul

Please Print

Camper Name:____
Last *First* *Middle*

Address:_______________________________Camper's Phone: (_______)__________________

City: ______________________________ MN ________________ School Attending Fall 2009 ___________________
Zip

Camper's Social Security Number: ______-____-______ Camper's email ____________________ Grade Fall 2009______
(required for food program and time card)

Date of Birth: _______________________ Age at camp: _______ Sex: *(circle one)* Male Female

Optional - For statistical purposes, please indicate your ethnic or racial identity: ___________________________________

Have you attended a residential (overnight) camping program before? **YES** **NO**

Are you attending summer school? **YES** **NO** **MAYBE** Summer school dates: __________________

Are you attending other summer programs? **YES** **NO** **MAYBE** Summer program dates: _________________

Are you working this summer? **YES** **NO** **MAYBE** Worksite: ______________________________

2009 Camp Sessions

Session	Dates	
Session 1:	Saturday, June 13 – Friday, June 19	Boys
Session 2:	Saturday, June 20 – Friday, June 26	Girls
Session 3:	Saturday, June 27 – Friday, July 3	Boys
Session 4:	Monday, July 6 – Friday, July 10	Girls
Session 5:	Saturday, July 11 – Friday, July 17	Boys
Session 6:	Saturday, July 18 – Friday, July 24	Boys
Session 7:	Saturday, July 25 – Friday, July 31	Girls
Session 8:	Saturday, August 1 – Friday, August 7	Girls

Names of siblings or friends you want to go to camp with:

____

Session Information

Space is limited and applicants may be placed on a waiting list.
Sessions fill up quickly; please select more than one session.
Sessions 1-2 are open to youth 13 to 18 years old.
Sessions 3-9 are open to youth 14 to 18 years old.

Registration

Which session is your 1st choice? _______
Which session is your 2nd choice? _______
Which session is your 3rd choice? _______

How did you find out about Camp Sunrise?
(Please check one)

- ☐ At my summer job – I am currently enrolled with:

  ____

- ☐ D2010 ☐ Gear Up! / ETS
- ☐ I have attended Camp Sunrise before
- ☐ Other ___________________________________

Please return completed applications to:

YouthCARE / Camp Sunrise
2701 University Ave SE, Suite 205
Minneapolis, MN 55414

or Fax to:
612/338-6904

Questions? Visit us on the web at www.YouthCAREmn.org or call us at 612/338-1233

Health Form

In order for the Camp Sunrise staff to best care for your son or daughter, please provide accurate and complete health information.
This health form is required and must be completed by a parent or guardian.

Camper Health History - *Put a check by any condition that applies to the camper:*

— Bedwetting
— ADD, ADHD
— Learning disabilities
— Physical limitations
— Glasses/contacts
— Hepatitis
— Diabetes
— Asthma
— Seizures
— Frequent earaches
— Headaches
— Menstrual problems
— Kidney/Heart Disease
— Poor sleeping/eating habits
— Behavior/emotional problems
— History of drug/alcohol use
— Hearing Aids/ prosthesis/adaptive device
— Other
— None of the above

If you put a check by any of the above conditions, please explain: ____

____

____

Is the camper taking any medications or using an inhaler that must be continued at camp? **YES** **NO**
If YES, please ensure that the camper brings a 7-day supply of medications/inhalers.

If the camper is on medication, can the camper administer his/her own medication? **YES** **NO**
If NO*, please send written instructions to camp with the camper, or call the camp recruiter..*

Please list the names, prescription numbers and pharmacy information for each medication and/or inhaler:

Name of medication/inhaler & purpose	Prescription number	Pharmacy name & phone number	
________________________________	_________________	___________________	(______)__________________
________________________________	_________________	___________________	(______)__________________
________________________________	_________________	___________________	(______)__________________

Does the camper have any allergies (such as penicillin, sulfa, bee stings, poison ivy, certain foods, etc.)? **YES** **NO**
If YES, *please list all allergies.*

____

Has the camper recently been exposed to a contagious disease? **YES** **NO**

Does the camper have any restrictions in physical activity? **YES** **NO**

Does the camper have any dietary needs we should be aware of? **YES** **NO**

If you answered YES, *please explain:*

Please indicate if the camper has any allergies, dietary restrictions we should know about. Camp Sunrise attempts to respect the dietary needs of the campers. Meals offered accommodate no-pork restrictions, vegetarian diets, non-dairy diets, allergies and more.

____

____

Immunization Records:
Please provide current dates or attach a copy of an immunization record from your health care provider or the camper's school.

DIP (Diptheria, Tetanus, Pertussia) ______
TD (Tetanus Booster) ______
IVP/OPV (Polio) ______
MMR (Mumps, Measles, Rubella) ______
HepB (Hepatitis B) ______

The staff at Camp Sunrise wants to provide your son or daughter with the best possible camping experience. Is there any additional behavioral, emotional, physical or medical information that the camp staff should know about your son or daughter?

____

____

If the camper's health form reveals concerns, a physical exam by a physician within the last year is required.

Insurance Information

Is the camper covered by any health insurance? **YES** **NO**

If YES: *What is the name of health insurance provider*: ____

Please provide the health insurance policy number: ____

Is the camper receiving Medical Assistance (MA)? **YES** **NO**

If YES: *What is the camper's MA number?* ____

Please print the name as it appears on the MA card: ____

Name of Camper's Doctor: __________________________________ Doctor's phone number: (_______)_________________

Parent or Guardian Information

Name: ____ Relationship to camper: ___________________________

Home phone: (____)________________ Cellular phone: (_____)_______________ Work phone: (_____)_________________

What is the best number to reach you at? Home Cellular Work

It is important that we have contact information for another person we can call if the parent or guardian is not immediately available.

Alternate Emergency Contact Information

Name: ____ Relationship to camper: ___________________________

Home phone: (_______)_______________ Cellular phone: (_______)_____________ Work phone: (_______)_______________

Address: ____
Street *City* *State* *Zip Code*

Name: ____ Relationship to camper: ___________________________

Home phone: (_______)_______________ Cellular phone: (_______)_____________ Work phone: (_______)_______________

Address: ____

Permission

I give___________________________ (name of son or daughter) my permission to attend Camp Sunrise. I understand that travel by vehicle to and from Camp Sunrise in Rush City, MN and during the camp session will be necessary. I will arrange transportation for my son or daughter to get to and from the bus pick up and drop off location or I will contact the camp recruiter at 612/338-1233 to discuss transportation needs. I authorize appointed staff members to administer first aid and authorize medical treatment in my absence.

____ ___________________________
Signature of Parent or Guardian **Date**

Photo & Video Release

YouthCARE requests permission to use photographs or video footage of campers in publications (newsletters, brochures, websites, etc.) By signing above, you also give your permission to YouthCARE to use photos or videos of your child in publications, unless you check the "NO" box below. For more information, contact Shaina Abraham at 612/338-1233 ext 11.

☐ **NO** **-** I do not wish to have photos or video footage of my child appear in publications.

Organization Name

SUMMER FOOD SERVICE PROGRAM – HOUSEHOLD INCOME STATEMENT

The information requested in this application is private and will be used to determine whether the organization that provides meals to your child will receive assistance from the Summer Food Service Program. Please return the completed form to the organization listed at the right. You may refuse to provide this information, but refusal will affect the organization's ability to receive benefits. Persons authorized to receive the information you provide are officials of the organization, the Minnesota Department of Education and the U.S. Department of Agriculture. Please fill out the voluntary civil rights information on the other side of this form.
If a child is a recipient of Minnesota Family Investment Plan (MFIP) assistance, or a member of a Food Assistance (Stamps) or Food Distribution Program on Indian Reservations (FDPIR) household, the child is automatically determined eligible, subject to completion of this form as requested.

I. ENROLLED CHILDREN

Enter the name and age of each enrolled child from the household. Attach additional page if needed.
If ALL enrolled children receive MFIP, Food Assistance (Stamps) or FDPIR, provide only their names and assistance numbers in this section and sign below in Section IV. If there are any enrolled children from the household who do not receive MFIP, Food Assistance (Stamps) or FDPIR, complete this section and Section III, and sign below in Section IV.

Last Name	First Name	Age	MFIP / Food Stamp / FDPIR No.	Last Name	First Name	Age	MFIP/Food Stamp/FDPIR No.

II. FOSTER CHILD

A foster child is usually eligible for free or reduced-price meals regardless of your household income. For an enrolled foster child, complete only this section and sign in Section IV. *A separate application must be completed for each enrolled foster child.*

Foster Child Last Name	First Name	Age	Foster Child Monthly Personal Use Income
			Check One: ☐ The Foster Child is receiving $ _____ per month for personal use. ☐ No income received for personal use of the child.

III. OTHER HOUSEHOLD MEMBERS

Complete this section unless an MFIP, Food Assistance (Stamps) or FDPIR case number, or foster child information was given for ALL enrolled children listed above.
Write in each income and how often it is received: *weekly*, *bi-weekly* (every 2 weeks), *twice per month*, *monthly*, or *yearly*. If income fluctuates, write in the amount normally received. Attach additional page if needed.

HOUSEHOLD MEMBERS List the names of all adults in your household, and any children not listed in Section I	GROSS Earnings from work. Include ALL jobs.	Social Security, Pension, Retirement	Unemployment, Workers Compensation, Strike Benefits	Welfare, Child Support, Alimony	Farm/Self-Employment Net Income (see other side)	ALL Other Income Received Last Month
1.	$ per	$ per	$ per	$ per	$ per	$ per
2.	$ per	$ per	$ per	$ per	$ per	$ per
3.	$ per	$ per	$ per	$ per	$ per	$ per
4.	$ per	$ per	$ per	$ per	$ per	$ per
5.	$ per	$ per	$ per	$ per	$ per	$ per
6.	$ per	$ per	$ per	$ per	$ per	$ per

IV. CERTIFICATION OF INFORMATION / SIGNATURE

I certify that the information I have given on this application is true and correct and that all household members and all incomes are reported. I understand that this information is being given for the receipt of federal funds, that officials may verify the information, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

Typed/Printed Name of Adult Household Member ________ Home/Work Telephone Number ________

Household Address (Street or Box Number) ________ City ________ Zip Code ________

Signature of Adult Household Member ________ Social Security Number ________ Date ________

FOR SPONSOR USE ONLY – DO NOT WRITE BELOW THIS LINE

For eligibility based on family size/income:

Total Household Members	
Total Household Monthly Income	$

☐ Categorical Eligibility ☐ Qualified by Income ☐ Income Exceeds Guidelines ☐ Incomplete Application

Signature – Approving Official ________ Date ________

From: ________ (Month/Year) Through: ________ (Month/Year)