



## WEEKEND CAMP REGISTRATION

Foundation for Dreams - 16110 Dream Oaks Place, Bradenton, FL 34212  
Phone: 941-746-5659 - Fax: 941-745-1409

**Submit via email to: [registration@foundationfordreams.org](mailto:registration@foundationfordreams.org)**

**YOUR CHILD WILL NOT BE REGISTERED UNLESS ALL FORMS ARE FILLED OUT COMPLETELY.**

**Your child will not be able to attend camp without an annual up to date physical on file.**

### CAMPER INFORMATION

How did you hear about us? \_\_\_\_\_  Returning Camper  New Camper  
 Camper Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Disability/Primary Diagnosis: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Recent illness, injury, or behavioral change: \_\_\_\_\_

### 2018 – 2019 WEEKEND RESIDENTIAL CAMP SESSIONS

Friday 6:00PM through Sunday 10:00AM - (Check the desired sessions and indicate total number selected.)

**Cost is \$250.00 for each session.**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Session 13:</b> August 31 – September 2, 2018 | <input type="checkbox"/> <b>Session 6:</b> February 8-10, 2019 |
| <input type="checkbox"/> <b>Session 1:</b> October 5-7, 2018              | <input type="checkbox"/> <b>Session 7:</b> March 1-3, 2019     |
| <input type="checkbox"/> <b>Session 2:</b> October 19-21, 2018            | <input type="checkbox"/> <b>Session 8:</b> March 15-17, 2019   |
| <input type="checkbox"/> <b>Session 3:</b> November 2-4, 2018             | <input type="checkbox"/> <b>Session 9:</b> April 5-7, 2019     |
| <input type="checkbox"/> <b>Session 4:</b> December 7-9, 2018             | <input type="checkbox"/> <b>Session 10:</b> May 17-19, 2019    |
| <input type="checkbox"/> <b>Session 5:</b> January 25-27, 2019            |  |

**TOTAL NUMBER OF SESSIONS:** \_\_\_\_\_ **x \$250.00 (cost of session) =** \_\_\_\_\_ **(Total Due)**

### BILLING AND PAYMENT

(Check the desired payment option below. Pay by credit card below or make check payable to: **Foundation for Dreams**)

- Payment Option 1 – FULL PAY**  
 I have included full payment of \$250.00 per camp session. A \$50.00 portion is non-refundable.
- Payment Option 2 – PARTIAL PAY**  
 I have included a \$50.00 non-refundable payment to be applied to the total cost of each camp session.  
 The balance remaining will be paid in full prior to the start of camp.
- Payment Option 3 – SCHOLARSHIP/FINANCIAL ASSISTANCE NEEDED**  
 I have a low income or financial hardship and have submitted the attached Scholarship Application Form.  
 I have included payment of the non-refundable \$50.00 for each camp session. (Still applies for scholarships.)  
 I have submitted the most recent proof of income for my **HOUSEHOLD**.
- Payment Option 4 – OUTSIDE FUNDING TO PAY**  
 I will be receiving funding through an outside source to pay. I understand I am responsible for payment for any agency subsidies which are not forthcoming. (You **MUST** provide contact information below.)

**Agency:** \_\_\_\_\_ **Agency Contact Person:** \_\_\_\_\_  
**Agency Phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_

### CREDIT CARD PAYMENT

Name on Card:	TOTAL TO BE PAID:
Billing Address for Card:	<b>Zip Code (required):</b>
Card Number (write clearly):	Card Expiration Date:

**PLEASE READ AND SIGN: I acknowledge that acceptance into a desired camp session(s) is not guaranteed and is contingent upon space availability. Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



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### FILL OUT ONLY IF APPLYING FOR FINANCIAL ASSISTANCE

#### SCHOLARSHIP APPLICATION FORM

- Foundation for Dreams awards scholarships for **partial support** of program fees based on financial need, client effort to secure other sources of funding, and consideration of volunteer commitment.
- **Scholarship funding is limited.**
- We use a sliding scale combining the number of household members in relation to household income. We may also take special circumstance into consideration.
- **All information provided is kept confidential.**
- **Questions:** Contact our office at 941-746-5659 or email Kate Young, Office Administrator at: [kyoung@foundationfordreams.org](mailto:kyoung@foundationfordreams.org)

#### REQUIRED INFORMATION

(Please fill out all sections below in detail.)

<b>Camper Name:</b>	<b>Date:</b>
<b>Total number of sessions applying for:</b> _____ <b>x \$250.00 (cost of session) =</b> _____	
<b>AMOUNT OF SCHOLARSHIP FUNDING YOU ARE REQUESTING: \$</b> _____	
<b>County of residence:</b>	<b>Zip Code (required):</b>
<b>Number of people in household:</b>	<b>Annual HOUSEHOLD income:</b>

#### REASON FOR SCHOLARSHIP REQUEST

*(Please use the space below to explain in detail why you are requesting this scholarship. Include any financial hardships or circumstance that may help us better understand your personal situation.)*

#### INCOME VERIFICATION

(Please check appropriate box below.)

##### NEW SCHOLARSHIP APPLICATION

- Proof of your **HOUSEHOLD** income is attached  
Acceptable Proof of Income:  
Most recent Income Tax Return, W2 for all earners, SSI award letter, foster care income statement.

##### RENEWAL APPLICATION *(Proof of 2018 HOUSEHOLD income has previously been submitted.)*

- I have **NOT** had a change to my household income.
- I **HAVE** had a change to my household income such as loss or gain of employment, and have attached my updated income verification with this application.

#### Office Use Only

<input type="checkbox"/> Proof of Income Received <input type="checkbox"/> Scholarship Approved <input type="checkbox"/> Amount Approved \$ _____ <input type="checkbox"/> Scholarship NOT approved <input type="checkbox"/> Reason not approved _____	<input type="checkbox"/> Check if Deposit of \$50.00 was received <input type="checkbox"/> Amount: \$ _____ <input type="checkbox"/> Date Processed: __/__/____ <input type="checkbox"/> Balance Due: _____ <input type="checkbox"/> Circle One: Check / Credit Card / Cash	<b>Notes:</b>  Staff Approval Signature: _____
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