



Weekend Camp Session Sign-Up Form

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

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: _____ Ethnicity: _____ Disability/Primary Diagnosis: _____
 Address: _____
 City: _____ State: _____ Zip: _____ ++ _____ County: _____
 Parent/Guardian: _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Recent illness, injury, or behavioral change: _____

2019 WEEKEND CAMP SESSIONS

Weekend Camp Hours: Friday 6:00PM through Sunday 10:00AM

Please check the desired sessions below

Cost is \$250.00 per session

<input type="checkbox"/> Winter Session 6: January 25-27, 2019	<input type="checkbox"/> Spring Session 12: April 12-14, 2019
<input type="checkbox"/> Winter Session 7: February 8-10, 2019	<input type="checkbox"/> Spring Session 13: May 17-19, 2019
<input type="checkbox"/> Winter Session 8: February 15-17, 2019	<input type="checkbox"/> Summer Session 14: Aug. 23-25, 2019
<input type="checkbox"/> Spring Session 9: March 1-3, 2019	<input type="checkbox"/> Fall Session 15: Sept. 13-15, 2019
<input type="checkbox"/> Spring Session 10: March 15-17, 2019	<input type="checkbox"/> Fall Session 16: Sept. 27-29, 2019
<input type="checkbox"/> Spring Session 11: April 5-7, 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: _____	Zip Code (required): _____
Card Number (write clearly): _____	Card Expiration Date: _____ Sec Code: _____

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

REQUIRED INFORMATION

(Please fill out all sections below in detail.)

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

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	Notes: Staff Approval Signature: _____
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