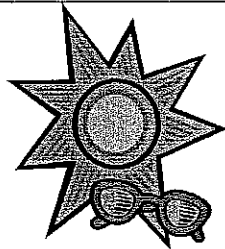


### Summer Camp Application Check List

- Proof of income tax return & two recent pay stubs must be submitted at time of registration.
  - A current completed & signed by a physician physical no more than one-year-old or old physical form and appointment card from doctor's office.
  - Full Registration fee
  - POC
  - Medical Information
  - Court Records if needed
  - YDD application
  - Feeding Program Information
  - Child information Sheet with phone numbers and Allergy information completed.
- 



### Summer Camp Application Check List

- Proof of income tax return & two recent pay stubs must be submitted at time of registration.
- A current completed & signed by a physician physical no more than one-year-old or old physical form and appointment card from doctor's office.
- Full Registration fee
- POC
- Medical Information
- Court Records if needed
- YDD application
- Feeding Program Information
- Child information Sheet with phone numbers and Allergy information completed.

2011 Summer Camp Application  
 West End Neighborhood House, Inc.  
 710 N. Lincoln Street Wilmington, Delaware 19805

Applicant's Name \_\_\_\_\_

Age \_\_\_\_\_

M or F \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

email address \_\_\_\_\_

Cell phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Family or Primary Care Doctor \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Current School attending (2010-2011) \_\_\_\_\_

grade \_\_\_\_\_

School attending (2011-2012) \_\_\_\_\_

grade \_\_\_\_\_

**ENROLLMENT FOR (Check Applicable Session)**  
 SESSION I \_\_\_\_\_ Full Payment AND all medical forms due by June 10, 2011  
 SESSION II \_\_\_\_\_ Full Payment AND all medical forms due by July 01, 2011  
 SESSION III \_\_\_\_\_ Full Payment AND all medical forms due by July 24, 2011

**TERMS OF ENROLLMENT**

- No refunds will be issued for absences or withdrawals during the camp session (NO EXCEPTIONS).
- Proof of income including a 2010 Tax Return & two recent pay stubs MUST BE SUBMITTED AT TIME OF REGISTRATION.
- A current physical NO MORE THAN ONE-YEAR-OLD MUST BE SUBMITTED – FORM ATTACHED.
- All physical forms must be completed & signed by a physician & submitted at the time first full payment is due for each camp session – **YOUR CHILD WILL NOT BE ABLE TO ATTEND WITHOUT A PHYSICAL FORM AND PHYSICIAN'S SIGNATURE.**
- Full payment must be submitted by dates listed above for EACH session.
- No partial payments are accepted for any session (NO EXCEPTIONS).

My child has my permission to participate in the West End Neighborhood House, Inc.'s Summer Camp and any field trips off the premises. West End Neighborhood House, Inc., United Way and its agents are held harmless for any injury arising from participation in the programs of said agencies and the actions of the agents of said agencies. I also hereby give my permission for West End Neighborhood House, their assigns, licenses and legal representatives the irrevocable right to use and reuse copyrights of my child's/children's photograph in all forms, media and advertising, trade or other purposes. I waive any rights to inspect or approve the finished product, including a copy that may be created in connection therewith.

Signature of Parent and/or Guardian \_\_\_\_\_ Date \_\_\_\_\_

2011 Summer Camp Application  
 West End Neighborhood House, Inc.  
 710 N. Lincoln Street Wilmington, Delaware 19805

**West End's Summer Camp program is designed for children ages 5 – 12**

**Enrollment is available for one session or three sessions**

Session I	June 13, 2011	through	July 1, 2011
Session II	July 04, 2011	through	July 22, 2011
Session III	July 25, 2011	through	August 12, 2011

Monday through Friday 7:30 a.m. to 5:30 p.m.

Activities include recreational and instructional swimming, developmentally appropriate educational games, computer lab, cultural history, arts and crafts, cooking, gym sports, performing arts, creative writing, theme driven activities, golf and special events and day trips and Family Fun Days.

**Breakfast, lunch and snack are served daily.**

**All children must be signed into camp by a parent or guardian before 8:00 a.m.**

**ENTER THROUGH THE YOUTH SERVICE ENTRANCE.**

**CAMP FEE SCHEDULE**

CATEGORY	1	2	3	4
<b>FAMILY SIZE</b>				
2	23,880	29,859	35,820	41,790
3	30,040	37,550	45,060	52,570
4	36,200	45,250	54,300	63,350
5	42,360	52,950	63,540	74,130
6	48,520	60,650	72,780	84,910
7	54,680	68,350	82,020	95,690
8	63,840	76,050	91,260	106,470
9	67,000	83,750	100,500	117,250

**Category 1 - \$285/session    Category 2 - \$295/session    Category 3 - \$320/session    Category 4 - \$370/session**

*Fees for children of the same family (siblings only) are assessed at 90% of the regular fee. Fees for immediate children of West End employees are assessed at 90% of the regular fee. There is a \$30.00 NON-REFUNDABLE registration fee PER child, \$10.00 of which will be allocated for a year's Youth Development Membership for youth 6 or older. Registration fees are waived for State Purchase of Care (POC) participants. A separate application must be completed for EACH child. Camp is funded in part by the United Way of Delaware. Camp Subsidies are also provided by the Wilmington Flower Market.*

# WEST END NEIGHBORHOOD HOUSE

Child's Name: \_\_\_\_\_ To Be Called: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Number and Street) (Development)

\_\_\_\_\_  
 (City, State and Zip Code)

Home Phone: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

PARENT/GUARDIAN: _____ RELATIONSHIP: _____ HM ADDRESS: _____ _____ HOME PHONE: _____ EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____ E-MAIL: _____ CHECK: <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> NON- CUSTODIAL PARENT <input type="checkbox"/> JOINT CUSTODY <input type="checkbox"/> LEGAL GUARDIAN APPROVAL FOR PICK-UP: <input type="checkbox"/> YES <input type="checkbox"/> NO COURT ORDER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN: _____ RELATIONSHIP: _____ HM ADDRESS: _____ _____ HOME PHONE: _____ EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____ E-MAIL: _____ CHECK: <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> NON- CUSTODIAL PARENT <input type="checkbox"/> JOINT CUSTODY <input type="checkbox"/> LEGAL GUARDIAN APPROVAL FOR PICK-UP: <input type="checkbox"/> YES <input type="checkbox"/> NO COURT ORDER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

Other Household Members: (List Name, Ages and Relationship to child)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name of child's Doctor or clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Other Contacts or individual child may be released in order of preference

1. \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_
2. \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_
3. \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

**Food allergies or medical conditions (Doctor's note required):** \_\_\_\_\_

**Serious illness, accidents, operation, etc. (list with dates):** \_\_\_\_\_

**Medications taken regularly:** \_\_\_\_\_

WEST END NEIGHBORHOOD HOUSE  
710 N. Lincoln Street, Wilmington, Delaware 19805  
(302) 658-4171 (302) 888-5314 fax

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PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES  
AND RECEIVE EMERGENCY MEDICAL CARE

You are required to show positive identification when picking up your child from WENH camp before 5:00 pm. After 5:30 pm any registered child not picked up from class will be transitioned into the Youth Development Program (**this does not include the Tiny Treasures who need to be picked up by 5:30 pm**).

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the West End Neighborhood House Summer Camp Program.

Parent/Legal Guardian's \_\_\_\_\_

I hereby grant permission for the program and administrative staff to use whatever steps may be necessary to obtain emergency medical care for my child if necessary. These steps may include but are not limited to the following.

1. Attempting to contact parent or guardian.
2. Attempting to contact any of the persons listed on the emergency medical form completed by the parent.
3. Attempting to contact the child's physician.
4. In the event that all of the above are unsuccessful, call the paramedics or take or have child taken to an emergency room.

I understand that any expenses incurred under #4 will be the responsibility of the child's family.

Child's name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# INCOME ELIGIBILITY STATEMENT

## Child and Adult Care Food Program

**PART 1**

Child's Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

**PART 2A – HOUSEHOLDS NOW GETTING FOOD STAMPS, TANF, OR FDPIR BENEFITS: Complete this part and sign the statement in Part 3 – DO NOT complete Part 2B.**

Food stamp case number: \_\_\_\_\_ TANF identification number: \_\_\_\_\_  
 FDPIR identification number: \_\_\_\_\_

**PART 2B – ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this part and Part 3.**

NAMES	CURRENT INCOME/FREQUENCY			
	Names of All Household Members	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions Retirement, Social Security
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
8. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**PART 2C – FOSTER CHILD: Complete this part and Part 3. If this is a foster child, check here [ ] and write the child's income and how often it is received here: \$ \_\_\_\_\_ / \_\_\_\_\_.**

**PART 3 – SIGNATURE: An adult household member must sign the statement before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp, TANF, or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Printed name of adult: \_\_\_\_\_

\_\_\_\_\_ *Date signed*      \_\_\_\_\_ *Home telephone*      \_\_\_\_\_ *Work telephone*      \_\_\_\_\_ *Home address*      \_\_\_\_\_ *Zip code*

**PART 4 – RACIAL/ETHNIC IDENTITY: You are not required to provide this information.**

WHITE, not of Hispanic Origin     BLACK, not of Hispanic Origin     HISPANIC     ASIAN/PACIFIC ISLANDER     AMERICAN INDIAN/ALASKA NATIVE

Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, TANF, or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, TANF, or FDPIR office to determine current certification for receipt of food stamps, TANF, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss of reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**For Sponsor Use Only:** Food stamp/TANF/FDPIR household categorically eligible for program benefits: [ ] Yes [ ] No  
 MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total family income: \_\_\_\_\_ Family Size: \_\_\_\_\_  
 Eligibility classification: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_  
 Determining official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING

Family Child Care  
Large Family Child Care Home  
Day Care Center

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**CHILD HEALTH APPRAISAL**

**SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION**

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
Other _____	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Comments: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER**

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? \_\_\_\_\_

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature \_\_\_\_\_  M.D.  P.N.P. Date: \_\_\_\_\_

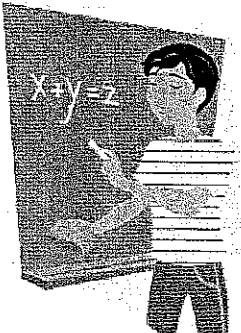

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_





# Attention: Summer Camp Families

Do you want your child to be academically prepared for the 2011 - 2012 school year?



If so, consider the **2011 Learners Club Summer Program**, in conjunction with the West End Neighborhood House Summer Camp.

- **Dates:** June 27 – August 4, 2011
- **Activities:** Summer Book Club, Math and Science Club, computer-based projects, and a computer literacy course

Learners Club provides academic enrichment to campers during the camp day. To be eligible, your child must:

1. have completed grades 1 - 4 at the end of the 2010 - 2011 school year.
2. be enrolled in the WENH Summer Camp.

If you would like to register your child, please provide the information below. The Learners Club Head Teacher will then contact you.

Parent/Guardian Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Completed in 2010 - 2011): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best Time(s) to Call: \_\_\_\_\_

To schedule an appointment or to request additional information, please contact Melissa Morris, Learners Club Head Teacher, at 302-658-4171.

# WEST END NEIGHBORHOOD HOUSE

## Learners Club 2011 SUMMER PROGRAM

Dear Parent or Guardian:

Learners Club summer programming will begin on **Monday, June 27** and end on **Thursday, August 4, 2011**. Activities will be scheduled Mondays through Thursdays, between 1:00 and 3:00, and include a book club, math and science club, computer-based projects, and a computer literacy course.

To be eligible for enrollment, your child must have completed grades 1 through 4 at the end of the 2010 – 2011 school year and be enrolled in the West End Neighborhood House Summer Camp. To initiate the registration process, please complete this form and return it with the camp application as soon as possible.

If you have any questions or need further information, please do not hesitate to call me at 302-658-4171. We hope to be able to work with you and your child this summer.

Sincerely,

Melissa Morris  
Head Teacher

---

### West End Neighborhood House – 2011 Learners Club Summer Program Student Registration Form

		Date:
Student's Name:		
Address:		
Home Phone:		Birth date: / /
Age:	Race/s (optional):	
School attended in 2010 – 2011:		Grade completed in 2010 – 2011:
School entering in 2011 – 2012:		Grade entering in 2011 – 2012:
In case of emergency, notify:		
Relationship to student:		Phone Number:



# West End Neighborhood House Summer Camp Things To Remember for Camp!

It is mandatory that your child(ren) brings the following:

- ☺ Bathing Suit
- ☺ Towel
- ☺ Change of clothes
- ☺ Sleeping bag or sheets \* (Cheetah's only)
- ☺ 1 pillow & pillowcase
- ☺ 1 warm sweater
- ☺ Comb or brush
- ☺ Camp shirts on trip Days

Please do not bring the following:

- ☹ Snacks or Gum
- ☹ CD players or iPods, mp3 players
- ☹ Cell Phones
- ☹ Electronic games
- ☹ Heelies
- ☹ Slip-on shoes or sandals
- ☹ Jewelry
- ☹ Athletic Equipment
- ☹ Money
- ☹ Toys

Some of the mandatory items listed above will remain at camp. Each camper will be provided a cubby where his/her items will be kept. Please be sure to mark your child's belongings. \*Sheets will be sent home every two weeks.

# West End Neighborhood House Summer Camp Things To Remember!

- ✓ Children can be dropped off at West End Neighborhood House each morning no earlier than 7:30 a.m. and must be present no later than 8:00 a.m.
- ✓ Please pick up your child(ren) in the gym by 5:30 p.m. on Wednesday and Fridays. If your child(ren) has permission to walk home, we must have your written permission on file prior to the first day of camp. West End Neighborhood House Summer Hours Are Monday, Tuesday and Thursday ONLY. Late fees will be assessed at the end of each day and will need to be paid in order to return the next day.
- ✓ If your child has medication to be administered a medication log must be completed at the beginning of each new month.
- ✓ All West End Neighborhood House programs (including camp) will not be held on Monday, July 4, 2011 in observance of Independence Day. Camp will resume the following Tuesday.
- ✓ Your Child(ren) Must Have a Physical Examination Prior to The Beginning Of Camp. If Physical Form Is Not Submitted, You're Child(ren) Will Not Be Permitted To Attend Camp!
- ✓ Remember to have your child wear their camp T-shirts on trip dates.
- ✓ Note Physical Forms Must Be Current and Less than One Year Old
- ✓ Final Payment for Session One is due by June 10,2011  
Session two is due by July 1, 2011  
Session three is due by July 24, 2011