

# CAMP HOLLIS

## CAMPER APPLICATION FOR 8 YEAR OLD

### SPRING 2010



*Camp Hollis*, owned and operated for over 60 years by Oswego County, is located on Lake Ontario near the city of Oswego. Each year we hold a “mini-camp” session for children 8 years old (or entering the third grade in the fall). The program allows young children to experience overnight camping while keeping a short time period that most can handle. ***This year the “mini-camp” will be held Thursday, July 1 through Thursday, July 2, 2010.***

**Program:** Activities include swimming, hiking, arts and crafts, dramatics, sports, games, campfires, and much more.

**Facilities:** Camp Hollis includes cabins with counselor supervision, a swimming pool, a softball diamond, nature trails, and a dining hall. Our food service unit provides three nutritious meals and a snack each day. The camp’s health center is staffed with a registered nurse in residence at all times.

**Transportation:** Parents are to bring children to Camp between 9:00 a.m. - 10:00 a.m. on July 1 and pick them up at 4:30 p.m. July 2.

**Fees/Registration:** Camp Hollis fees are on a sliding scale (see Section II of application). On the average it costs Camp Hollis \$65 per child for the overnight program; however, the fees for Oswego County children are reduced due to subsidizing from the County of Oswego, the Friends of Camp Hollis, and the United States Department of Agriculture (USDA) Summer Feeding Program. **Oswego County children in foster care and children receiving cash public assistance do not pay any fees.** Families experiencing extreme circumstances or difficulties are encouraged to contact our office for information regarding financial support beyond the sliding scale. Children will be enrolled for camp on a *first come, first served basis upon receipt of a completed application and fee* (if applicable). Send your application(s) as soon as possible as some of the sessions fill up quickly. Oswego County youth have the first opportunity to register for camp. Children who live outside of Oswego County may enroll for a limited number of camper slots.

**For more information** on Camp Hollis call our main office at the **Oswego City-County Youth Bureau (349-3451)** or check our website at [www.oswegocounty.com/youth/hollis](http://www.oswegocounty.com/youth/hollis).

### VISIT OUR OPEN HOUSE

**Sunday, May 23, 2010**  
**1:00 PM B 5:00 PM**

*See the camp, meet the staff, and help your child prepare to go to camp!*

It is required that Camp Hollis be inspected twice a year. Reports are available for public inspection at the Environmental Division of the Oswego County Health Department, 70 Bunner Street, Oswego, New York 13126.

Camp Hollis accepts children with handicapping conditions and does not discriminate because of sex, race, color, or national origin.

## HOW TO REGISTER A CHILD FOR CAMP HOLLIS:

- Section I:** Fill out completely.
- Section II:** Determine a fee and complete Section II using the following guidelines:

### OSWEGO COUNTY RESIDENTS

- If the child is an Oswego County foster child or receives cash public assistance, print the *Case No.* in Section II. Send completed application and USDA form to the address below. Do not send any money.
- Please refer to the chart in Section II to determine a fee to attend. Use the total number of individuals living in the camper's home and total household income (including income from Child Support, SSI, Alimony, Unemployment, etc.) to determine the amount to be paid.
- If total household income falls in Category 1, mail a check for \$15 along with the application form and USDA form to the address below.
- If total household income falls in Category 2, mail a check for \$25 along with the application form and USDA form to the address below.
- If total household income falls in Category 3, mail a check for \$45 along with the application form to the address below.
- If total household income is above those in Category 3, mail a check for \*\$60 along with the application form to the address below.

Families seeking additional financial assistance are encouraged to contact our main office at 349-3451. This assistance requires an additional application and is to be submitted with the camper application and USDA form to the address below.

### OTHER COUNTY RESIDENTS

- Children who live outside of Oswego County may enroll for a limited number of camper slots. Mail a check for \$65 along with the application form to the address below.
- USDA Form (Pink Form):** The United States Department of Agriculture (USDA) Summer Feeding Program=s funding helps Camp Hollis provide healthy meals for campers. The **pink form** in this application **MUST be filled out if the applicant is in foster care, receiving cash public assistance, or part of a family in Category 1 or Category 2.**

<b>MAKE CHECKS PAYABLE TO:</b>	<b>Oswego City-County Youth Bureau</b>
<b>MAIL TO:</b>	<b>70 Bunner Street Oswego, New York 13126</b>

**YOUR CHILD WILL NOT BE ACCEPTED TO COME TO CAMP UNTIL WE RECEIVE THE COMPLETED PAPERWORK AND REQUIRED PAYMENT.**

**If after receiving an acceptance letter, your child is unable to attend, you must call the office to cancel your child=s attendance at camp. THIS MUST BE DONE AT LEAST TWO (2) WEEKS PRIOR TO THE WEEK YOUR CHILD WAS TO ATTEND TO RECEIVE A FULL REFUND.**

\*PLEASE NOTE: Fees for children to attend an overnight "mini-camp" at Camp Hollis do not cover the total cost of attendance. The actual cost is offset by Oswego County support, the Friends of Camp Hollis donations, and the USDA Summer Feeding Program. **If you wish to help support Camp Hollis, you may contribute an amount greater than your sliding scale fee.** While not required, it would be greatly appreciated.

**SECTION I**

**CAMP HOLLIS  
CAMPER APPLICATION FOR EIGHT YEAR OLD**

Child's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Nick Name \_\_\_\_\_

Address \_\_\_\_\_ Street/Road/Route \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ County of Residence \_\_\_\_\_

School \_\_\_\_\_ Present Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Father's Work No. \_\_\_\_\_ Mother's Work No. \_\_\_\_\_

Father's Cell Phone No. \_\_\_\_\_ Mother's Cell Phone No. \_\_\_\_\_

In the event parent/guardian cannot be reached and advice and/or permission is needed, the next responsible adult who is to be contacted locally is:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

*I give my permission for my child's picture to be taken and used for publicity purposes only.*

**SECTION II**

OSWEGO COUNTY RESIDENTS' FEE DETERMINATION (NON-RESIDENTS PAY \$65)

Foster Child: **S** \_\_\_\_\_ Case No. \_\_\_\_\_

Child Receiving Cash Public Assistance: **PA** \_\_\_\_\_ Case No. \_\_\_\_\_

**GROSS INCOME ELIGIBILITY GUIDELINES**

<b>FEES</b> → (Circle amount you will pay)	<b>CATEGORY 1</b> <b>\$15</b> If total household income is equal to or less than:	<b>CATEGORY 2</b> <b>\$25</b> If total household income is between:	<b>CATEGORY 3</b> <b>\$45</b> If total household income is between:	<b>\$60</b> <b>CATEGORY</b>
<b>Number of Persons In Household</b>	<b>Include income from Child Support, Alimony, SSI, Unemployment, etc.</b>			
1	\$14,079	\$14,080 - \$20,036	\$20,037 - \$28,158	If total household income is more than amount in <b>CATEGORY 3</b>
2	\$18,941	\$18,942 - \$26,955	\$26,956 - \$37,882	
3	\$23,803	\$23,804 - \$33,874	\$33,875 - \$47,606	
4	\$28,665	\$28,666 - \$40,793	\$40,794 - \$57,330	
5	\$33,527	\$33,528 - \$47,712	\$47,713 - \$67,054	
For each additional family member add	\$4,862	\$6,919	\$9,724	

*My signature certifies that my total household income is accurate and indicated by the fee amount I am paying: \$ \_\_\_\_\_.*

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

- FOR OFFICE USE ONLY -

Date Application Received \_\_\_\_\_

Date DSS Verification Letter Sent \_\_\_\_\_

USDA Form Required \_\_\_\_\_

Check or Money Order Date \_\_\_\_\_

Check No. \_\_\_\_\_

Date Welcome Packet/Medical Form Sent \_\_\_\_\_

Friends of Camp Hollis \_\_\_\_\_

Date DSS Verification Letter Received \_\_\_\_\_

USDA Form Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Money Order No. \_\_\_\_\_

Medical Form Received \_\_\_\_\_