

# REGISTRATION AND SLIDING FEE SCALE FOR CAMP BOVEY 2017

Please check the session you would like to sign your child up for:

**CIT/JR STAFF ( 15 – 18 year olds) (\$50 registration fee) (check below which sessions you are available for)**  
**Mandatory Training – May 26 to May 29**

- Mystery (June 26 – June 30) 5 day (8-14 year olds)**
- Explorers (July 10 – July 14) 5 day (8-14 year olds)**
- Hodagers (July 17 – July 28) 12 day (10-14 year olds)**
- Adventurers (July 31- Aug 4) 5 day (8-14 year olds)**
- East Side (Aug 7 – Aug 11) 5 day (8-14 year olds)**

Name of Camper \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Age at Camp \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Child's Race: \_\_\_ Chicano/Latino \_\_\_ Native American \_\_\_ Asian/Pacific Islander

\_\_\_ African American \_\_\_ Caucasian \_\_\_ Multi-Racial \_\_\_ Other

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

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

**Parent Monthly Income (circle one)**    **\$2470 or below**    **\$3108 or below**    **\$3746 or below**    **\$4385 or above**

**Number of people in your household** \_\_\_\_\_

If you are receiving public assistance from the county in which you live please provide us with:

County Name: \_\_\_\_\_ Case # \_\_\_\_\_

Friends your child would like in his or her cabin: \_\_\_\_\_

**T-SHIRT SIZE:** Small Medium Large X-Large 2X-Large (All Campers receive one camp T-shirt)

**SEE REVERSE FOR FEES**

**PLEASE CALL 612-781-6011 IF YOU HAVE NOT RECEIVED FURTHER PAPERWORK**

**Office use only:** Mandatory paperwork packet: **TAKEN** **MAILED** **DATE** \_\_\_\_\_

## 2017 Camper Sliding Fee Scale Information

**No child will be turned away due to family financial circumstances.**

As you know, ESNS strives to make Camp Bovey affordable to all families. To accommodate this, we are providing the chart below as guidance for the range of 2017 session costs.

**Instructions:** First, find your household size then read across to find your monthly income range. At the bottom of the chart you will find the fee, according to income, for our 5 day or 12 day sessions.

Payment plans can be set up to better accommodate your needs. **We do ask that all payment plans are complete one week before your child goes to camp. Limited scholarships are available. Please fill out a scholarship application.**

**If you have any questions or would like more information, please contact the Camp Bovey office at 612-787-4030 or Laura, the Camp Bovey Registrar at 612-781-6011. You may also reach us at [campbovey@esns.org](mailto:campbovey@esns.org)**

Household Size	Family Income Before Taxes and Reductions			
	Monthly	Monthly	Monthly	Monthly
2	\$0-\$2470	\$2471-2670	\$2671-3338	\$3339+
3	\$0-\$3108	\$3109-3360	\$3361-4200	\$4201+
4	\$0-\$3746	\$3747-4050	\$4051-5063	\$5064+
5	\$0-\$4385	\$4386-4740	\$4741-5925	\$5926+
6	\$0-\$5023	\$5024-5430	\$5431-6788	\$6789+
<b>5 Day Sessions</b>	<b>\$130.00</b>	<b>\$235.00</b>	<b>\$340.00</b>	<b>\$465.00</b>
<b>12 Day Sessions</b>	<b>\$260.00</b>	<b>\$365.00</b>	<b>\$470.00</b>	<b>\$670.00</b>

A registration fee of \$75 is required at the time of registration, which will apply towards the full camp fee. **THE REGISTRATION FEE IS NOT REFUNDABLE.** The balance of your camp fee is due **one week** before your child goes to camp.

### CAMP SESSION AND FEE

Session Name: \_\_\_\_\_ Session Date: \_\_\_\_\_

Fee (amount from sliding fee scale) \$ \_\_\_\_\_

Minus Deposit (non-refundable) - \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

#### **OFFICE USE ONLY**

Campership Award \$ \_\_\_\_\_ (Financial Assistance) **APPLICATION MUST BE SUBMITTED**

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**CAMPERSHIP REQUEST FORM 2017**

**PLEASE SUBMIT PROOF OF INCOME WITH THIS FORM TO BE CONSIDERED FOR A CAMPERSHIP.**

\*\*\* Please use this form to request further assistance **ONLY** after checking the sliding fee scale and considering a payment plan option.\*\*\*

TO: **Kathy Kolosky, Camp Bovey Director or Laura Murphy, Camp Registrar**

DATE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

CAMPER(S)NAME(S): \_\_\_\_\_

SESSION(S) ATTENDING: \_\_\_\_\_

What is your **TOTAL monthly** income: \_\_\_\_\_ Number of people in your household: \_\_\_\_\_

**IF YOU ARE RECEIVING PUBLIC ASSISTANCE FROM THE COUNTY IN WHICH YOU LIVE PLEASE PROVIDE US WITH :  
COUNTY NAME: \_\_\_\_\_**

**CASE #: \_\_\_\_\_**

What amount is requested that you pay from the sliding fee scale chart? \_\_\_\_\_

Why do you require additional financial support in order for your child, or children, to be able to attend  
Camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The registration fee of \$ 75 is required, and is subtracted from the session fee. Please tell us, honestly, what you feel your family can pay of the remaining session fee? \_\_\_\_\_

\*\*\*\*\* **PLEASE SEE REVERSE SIDE FOR PAYMENT PLAN** \*\*\*\*\*

Thank you to: The Greater Twin Cities United Way, The McKnight Foundation, Camp Nebagamon Scholarship Fund, The Twin Cities Snow Shoe Shuffle, USDA, N.E. Lions, Exchange Club, N.E. Kiwanis and many individual donations, for making the sliding fee scale and campership dollars available!

## CAMP BOVEY PAYMENT PLAN WORKSHEET

I, \_\_\_\_\_ acknowledge that \$ \_\_\_\_\_  
(Parent's Name)  
is due on my child(ren's) : \_\_\_\_\_  
(Camper(s) name)

camp account. (The \$ 75.00 registration fee is deducted from the balance due.)

I understand that the balance due on my child's account is to be paid in full one week before they leave for camp.

I agree to pay the balance of my child(ren's) camp account using the following payment plan:

Camp Fee Due: Amount \$ \_\_\_\_\_

Payment # 1 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Due Date)

Payment # 2 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Due Date)

Payment # 3 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Due Date)

Payment # 4 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Due Date)

Payment # 5 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Due Date)

I agree to contact Camp Bovey, at East Side Neighborhood Services, (612-781-6011) in the event that I am unable to pay on time.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMP STAFF SIGNATURE** \_\_\_\_\_ Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_

## FOR A CAMPER UNDER 18 YEARS OF AGE

(If a camper is being seen at the local clinic or hospital, this form will be given to the clinic or hospital staff)

Please list **parent** or **responsible party**:

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent** Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**Parent** Social Security Number: (only the last 4 digits) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**\*\*\* PLEASE ATTACH A COPY OF YOUR INSURANCE CARD \*\*\***

## PERMISSION FORM FOR CAMP BOVEY 2017

My child ( \_\_\_\_\_ ) has **permission to attend** Camp Bovey during the summer 2017, which includes transportation by chartered bus.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
or Guardian

### **Medical Attention**

In the event my child ( \_\_\_\_\_ ) needs medical attention or transportation to a medical facility I hereby grant my permission to personnel selected by the Camp Director to administrate treatment and or transportation. The camp van is used for non-life-threatening medical transportation. If it is in use, another vehicle, approved by the Camp Director may be used.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
or Guardian

**Photo Permission:** I authorize East Side Neighborhood Services/Camp Bovey to use any photographs, video or sound recordings of my child ( \_\_\_\_\_ ) that they may appear in as a program participant. I understand that these materials will only be used to inform and educate others about the services at ESNS and I will not be compensated for this.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
or Guardian

CAMPER NAME \_\_\_\_\_

## BEHAVIOR CONTRACT

The Camp Bovey mission statement is: To provide a safe place for youth to have fun while participating in outdoor activities that help build respect for themselves, one another and the environment.

To see that this is maintained and that camp is a positive experience for everyone, we would like you to go over these behavior expectations with your child.

1. Campers pack appropriately for Camp according to the list provided in the Parent Information Booklet. Campers leave valuables at home and do not wear or bring items that show disrespect towards others.
2. Campers treat other campers and staff with respect.
3. Campers are expected to share their feelings in an appropriate manner. Neither vulgar nor disrespectful language is tolerated.
4. Campers are expected to seek help from staff if a conflict arises. Neither bullying behaviors nor physical fighting are tolerated.
5. Campers are expected to stay with their group, under the supervision of Camp staff.

Failure to act appropriately at camp will result in consequences which include time outs from camp activities. Continued inappropriate behavior or a behavioral incident of a serious nature may result in the camper being sent home early. **It is the responsibility of the parent to pick up their child, from camp, should the need arise.**

I understand the behavior expectations of a Camp Bovey camper and the consequences for inappropriate behavior.

Camper Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**MORE ON NEXT PAGE**

CAMPER NAME \_\_\_\_\_

**CAMPER PERSONAL INFORMATION**

In order for us to take care of your child the best that we can and to help your child adjust to living at Camp, we would appreciate knowing about any special concerns that he or she might have. Thank you for taking time to reflect on these questions. This information will be shared with the appropriate staff members working with your child at Camp.

Does your child normally get along well with their brother and sisters?  Yes  No  N/A

Explain: \_\_\_\_\_

\_\_\_\_\_

Has your child successfully completed other overnights away from home?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

How does your child deal with anger? \_\_\_\_\_

\_\_\_\_\_

Has your child been dismissed or suspended from school for any reason?  Yes  No

Explain \_\_\_\_\_

\_\_\_\_\_

Has your child had experience with tobacco or alcohol?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

Has your child been affected by a recent death, separation or divorce?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# Form Check-Off List

OFFICE USE ONLY

SESSION \_\_\_\_\_

M\_\_\_\_ F \_\_\_\_ AGE \_\_\_\_\_

BALANCE DUE \_\_\_\_\_

Camper Name \_\_\_\_\_

\_\_\_\_\_ \$75 deposit and Registration Form  
(if there is difficulty with the deposit, please  
contact the camp director or camp registrar)

\_\_\_\_\_ Campership and/or Payment Plan

<p><b>PAPERWORK:</b></p> <p><b>COMPLETE _____</b></p>
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As soon as possible please turn in the following forms:

\_\_\_\_\_ **White** Permission Form

\_\_\_\_\_ **White** Camper under the age of 18 form

\_\_\_\_\_ **Green** Health History Form (parent/guardian must complete)

\_\_\_\_\_ **Pink** Health examination form (requires a medical exam and doctors  
signature)

\_\_\_\_\_ **Blue** Camper personal information and Camper Contract

\_\_\_\_\_ **Yellow** USDA Summer Food Program

If you have any questions or need help filling out any of the forms please contact the Camp Registrar at 612-781-6011 or the Camp Director at 612-787-4030. We are happy to help!