

Clinch Valley Community Action Camp Joy Summer Camp

P O Box 188 • North Tazewell, VA 24630
276-988-5583 • 276-988-4041 Fax • www.clinchvalleycaa.org

Welcome to the 2017 Camp Joy Summer Camp Session! We are excited for a new year with lots of activities and adventure.

Our schedule weeks of camps are as follows:

Junior Camp Week 1 Ages 6-12 (Must be 6 by 7/1/17)	Junior Camp Week 2 Ages 6-12 (Must be 6 by 7/1/17)	Day Camp Ages 6-12 (Must be 6 by 7/1/2017)	Senior Camp Ages 12-16 (Must be 12 by 7/1/17)
July 9,– July 13, 2017	July 16,– July 20, 2017	July 24,– July 28, 2017 9:00 am to 5:00 pm	July 30,– Aug. 4, 2017
Cost: \$120.00	Cost: \$120.00	Cost: \$ 70.00	Cost: \$120.00

* Junior Camps & Senior Camp: Registration 3:00 pm on the first day, Pick-Up 11:00 am on the last day.

We have scholarships available to help with the cost of camps. Scholarships can be request for multiple weeks of camp as available.

In efforts to decrease paper work and registration time, the attached applications has been change to include the majority of information required. Please remember to attach a copy of all your household income. Proof of income must be current for at least 30 days.

The USDA Summer Feeding Service Program provides financial assistance for meals during camp. We ask you to complete the Household Application for the Summer Food Service Program.

Please make sure you complete all areas of the application and sign in the appropriate areas. Children are to sign the Camper's Code of Conduct.

Please get your applications back as soon as possible to reserve your spot. Once we receive your applications, we will send you out your camper packet, with Camper Handbook, other forms if needed, and the scholarship decision. Payment must be received on or by the first day of camp.

If you ever have questions or need more information please contact me at the above number or email me at rhonaker@clinchvalleycaa.org. Thank you!

Sincerely,



Ricky Honaker, Camp Joy Coordinator

Clinch Valley Community Action ~ 2017 Camp Joy Application

Please Select Camp(s): Junior Camp Week 1 Junior Camp Week 2 Day Camp Senior Camp

Scholarship Request:

Child Information									
Last	First	Middle	DOB	Social Security #	Gender	Race	School	Grade	Shirt Size
Father/Male Guardian									
Last	First	Middle	DOB	Social Security #	Race	Education Level	Employment Status	Custody	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
Employer:		Work Phone:		Cell Phone:		Email:			
Mother/Female Guardian									
Last	First	Middle	DOB	Social Security #	Race	Education Level	Employment Status	Custody	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
Employer:		Work Phone:		Cell Phone:		Email:			
Other Siblings, Children, Relatives Living in Home (include all siblings and any other family members)									
Last	First	Middle	DOB	Social Security #	Gender	Race	School	Grade	
Last	First	Middle	DOB	Social Security #	Gender	Race	School	Grade	
Last	First	Middle	DOB	Social Security #	Gender	Race	School	Grade	
Contact Information									
Physical Address:			Mailing Address:			Home Phone:			
Type of Housing									
<input type="checkbox"/> Own	<input type="checkbox"/> Rent \$ _____		<input type="checkbox"/> Live with Family/Friends		<input type="checkbox"/> Homeless		<input type="checkbox"/> Other		
Household Income Information									
Financial/Services Assistance Received:			<input type="checkbox"/> TANF \$ _____		<input type="checkbox"/> SNAP \$ _____		<input type="checkbox"/> WIC \$ _____		<input type="checkbox"/> Foster Care \$ _____
			<input type="checkbox"/> Housing Assistance \$ _____			<input type="checkbox"/> Free/Reduce Meals			
Income Sources/Amount:		<input type="checkbox"/> Earned Income (Father/Male Guardian) \$ _____			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
		<input type="checkbox"/> Earned Income (Father/Male Guardian) \$ _____			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
		<input type="checkbox"/> SSA \$ _____	<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Child Support/Alimony \$ _____			<input type="checkbox"/> Unemployment \$ _____		
Additional Household Information									
Number in Family: ____		Family Type: <input type="checkbox"/> Two Parent <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Other							

Permission to Release Child to (other than guardians)						CUSTODY PAPERS SIGNED BY A COURT AUTHORITY MUST BE PROVIDED IF A BIOLOGICAL PARENT IS NOT ALLOWED TO PICK UP CHILD.
Name/Relationship/Contact Phone:						
Name/Relationship/Contact Phone:						
Name/Relationship/Contact Phone:						
Name/Relationship/Contact Phone:						
Emergency Contact 1:			Physical Address:			Phone:
Emergency Contact 2:			Physical Address:			Phone:
Medical Care Authorization						
Child's Physician:				Contact Phone:		
Allergies or Chronic Physical Problems:						
Medical treatment costs are covered by:		<input type="checkbox"/> Insurance Company/Policy Number:				<input type="checkbox"/> No Insurance
Consent to Administer Medication						
Medication	Dosage	Dosage Time	Refrigerate	Special Instructions	Side Effects	
Medication must be marked in original prescription bottles with dosage information and prescribing doctor. Staff must be notified in writing if there is a cancellation or change to this medication. I further give permission for designated Camp Joy staff or its agents to administer the above medication(s) to my child, if applicable. Designated staff will be permitted to share and request relevant health information regarding the administration of this medication.						
SPEICAL DIETARY NEEDS-Medical						
Food Allergies:				Reactions:		
Special Diet or Dietary Restrictions:						
Food Substitutions:						
Medical Provider and Phone Number:						
SPEICAL DIETARY NEEDS-Philosophical/Religious						
Food Allergies:				Reactions:		
Special Diet or Dietary Restrictions:						
Food Substitutions:						

AGREEMENTS/POLICIES

1. The parent/guardian agrees to pick up child as soon as possible when he/she becomes ill. If unable, agrees to make arrangements to have someone else pick up child and agrees to contact Camp Joy in regard to the person that will be allowed to pick up child.
2. The parent/guardian agrees to pick up child at the end of camp week.
3. The parent/guardian agrees to provide documentation of all household income. This information is used for scholarship request and statistical information for funding sources. Income does not affect the services the child or family receive.
4. The parent/guardian authorizes Camp Joy to obtain immediate medical care and consent to the hospitalization to perform necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to my child if any emergency occurs when I cannot be located immediately.
5. The parent/guardian will inform the camp within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.
6. The parent/guardian authorizes Camp Joy to transport children on field trips with adequate notice.
7. The parent/guardian gives Clinch Valley Community Action, Inc. /Camp Joy permission to photograph their child for promotion use such as: news articles, advertisement, scrapbooks, web sites, etc.
8. The parent/guardian gives Clinch Valley Community Action staff and volunteers shall be held harmless in any and all claims or actions arising from the administration of listed medication(s). The parent/guardian acknowledges that medications may not be given by licensed medical personnel, and that a physician-patient relationship is not formed as a result of the Consent.
9. **CONFIDENTIALITY POLICY:** In accordance with the Policies and Procedures of Clinch Valley Community Action, all information obtained about children and families is confidential. Professional serving on federal/state and/or internal review teams are allowed to review files in their capacity as monitors of federal/state funding. Other agencies or organizations must obtain written parent/ guardian consent to review information in a child/family file.

Camper Code of Conduct

Each child plays an important role in the enjoyment of every camper at camp. Their attitude and behavior are critical to the success at camp this summer. Therefore, for the good of all-other campers, staff, and visitors to camp, each child agrees to abide by the following while at camp and sponsored activities:

- ✓ Respect and care for all the places and the people with whom they come in contact, including privacy and property of others.
- ✓ Be sensitive to the needs of others in my group/cabin/team.
- ✓ Understand the use of alcohol, tobacco, or drugs will not be tolerated. Possession or use at camp results in immediate expulsion, with no refund of fees.
- ✓ Understand that weapons at camp will not be tolerated. Possession or use at camp results in immediate expulsion, with no refund of fees.
- ✓ Act and speak positively and kindly to all campers and staff (i.e.: no swearing, lewd jokes, racial/ethnic jokes or slurs, etc.)
- ✓ Be responsible for personal belongings and equipment. Camp Joy is not responsible for items lost or give away to other campers.
- ✓ Share in daily responsibilities and duties including but not limited to unit and cabin clean up, dining hall set up or clean-up and other camp duties.
- ✓ Understand that social cruelty (bullying, teasing, put-downs) and physical violence (hitting, fighting, restraining) will not be tolerated. Engaging in these behaviors will result in immediate expulsion from my camp program.
- ✓ Understand that if they are a victim or witness acts of social cruelty or violent behavior they are to seek help immediately from a counselor, camp director, volunteer or other staff to ensure their and other physically and emotionally safety.
- ✓ Understand that all electronics (other than medical care) are to be left at home, including cell phones, personal DVD players, hand held games, etc. Items will be confiscated and stored in a safe place and then returned to at the end of camp.
- ✓ Understand that if they do not abide by the guidelines above, the camp director will notify parents/guardians and could be sent home and that all arrangements and expenses will be the responsibility of my parents/guardians. Understand that if sent home early due to misconduct there will be no refunds. Violations of these agreements may also jeopardize my ability to return to camp in the future.

Child's Signature:

Date:

SPECIAL INFORMATION ABOUT YOUR CHILD	
Nickname:	
Hobbies/Interests:	
Talents:	
Sports:	
Extra Curriculum:	
Food Likes:	Food Dislikes:
Swimming: <input type="checkbox"/> Strong Swimmer <input type="checkbox"/> Fair Swimmer <input type="checkbox"/> Don't know how to swim <input checked="" type="checkbox"/> Allowed to Use Diving Board at Pool	
Anything you want staff to know about your child:	

Program Use Only							
Document Checklist:	<input type="checkbox"/> Application Completed	<input type="checkbox"/> Income	<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> SFSP Eligibility Form	<input type="checkbox"/> Scholarship Eligibility (if requested)		
Camp(s) Attendance/Payment:	<input type="checkbox"/> JC 1 \$120	<input type="checkbox"/> JC 2 \$120	<input type="checkbox"/> DC 1 \$70	<input type="checkbox"/> SC 1 \$120	Total Cost:	\$	Date of Payment:
Scholarship (if requested):	<input type="checkbox"/> JC 1 \$120	<input type="checkbox"/> JC 2 \$120	<input type="checkbox"/> DC 1 \$70	<input type="checkbox"/> SC 1 \$120	Total Scholarship Award:	\$	

Staff Signature: _____ Date: _____

Camper Packet Sent: Data Base: Tracker: SFSP:

CONSENT TO EXCHANGE INFORMATION

Child's Name:

Date of Birth:

Social Security #:

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing Clinch Valley Community Action to exchange certain information to work together effectively to provide or coordinate services or benefits. I want the following confidential information listed below but not limited to, to be exchanged:

- | | |
|---|---|
| <ul style="list-style-type: none">• Financial information—Income/Services verification | <ul style="list-style-type: none">• National School Lunch Program/USDA Free-Reduce Meal Eligibility |
| <ul style="list-style-type: none">• Any medical/mental/dental health records or screening | <ul style="list-style-type: none">• Educational Records |
| <ul style="list-style-type: none">• Other: | |

I want Clinch Valley Community Action-to be able to exchange this information with other agencies. I want this information to be exchanged for the purpose of eligibility determination and services for Camp Joy. This consent is good from July 1, 2017 – June 30, 2018.

I can withdraw this consent at any time by telling the referring agency in writing. This will stop them from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared and why, when, and with whom it was shared. If I ask they will provide me this information to me. I want the school system to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact Clinch Valley Community Action to give them information about me that they need.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I have read and understand the Clinch Valley Community Action Confidentiality Policy.

Parent/Guardian Signature: _____ **Date:** _____

Household Application for the Summer Food Service Program

(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: **CVCA-Camp Joy**

If you need help, call **276-988-5583**

COMPLETE ONE FORM PER HOUSEHOLD

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **CVCA-Camp Joy** at **276-988-5593**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
<i>(Example) Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: **X** _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12 Total Income: _____

Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.