

# Brookstone Schools

*Sowing Seeds of Wisdom*

**Summer Camp-due 5/25/18**

**Dates June 18-July 27, 2018**

1<sup>st</sup> Child: \_\_\_\_\_  
                                First                                Middle                                Last

Grade in 2018-2019 \_\_\_\_\_ Fee \$150

2<sup>nd</sup> Child: \_\_\_\_\_  
                                First                                Middle                                Last

Grade in 2018-2019 \_\_\_\_\_ Fee \$75

3<sup>rd</sup> Child: \_\_\_\_\_  
                                First                                Middle                                Last

Grade in 2018-2019 \_\_\_\_\_ Fee \$35

1) Primary Parent/Guardian's Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_  
Street                                City                                State                                Zip Code

2) Secondary Parent/Guardian's Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_  
Street                                City                                State                                Zip Code

***Application will not be processed unless application completed and fees received.***

Primary Email: \_\_\_\_\_ Primary Mobile# \_\_\_\_\_

Secondary Email: \_\_\_\_\_ Secondary Mobile# \_\_\_\_\_

**The camp is open to students from rising kindergarten through 8<sup>th</sup> grade.**

**FEE:** \$150 nonrefundable for 1<sup>st</sup> child, \$75-2<sup>nd</sup>, \$35-3<sup>rd</sup>, \$0-4<sup>th</sup>  
**Extended Hour FEE:** \$50 for each child, \$25 for each additional child  
**Camp Hours:** 9:00am to 4:30pm  
**Extended Hours:** 7:30am to 8:30 and 4:30 to 5:30pm

**EMERGENCY INFORMATION**

In case of emergency, contact the following people in this order (after parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

*In the event of a perceived medical emergency, I give Brookstone Schools permission to call 911 and request medical help. I also understand that this help might include a trip to the hospital in an ambulance. I further confirm that this decision to transport will be made by the attending medical team and not Brookstone Schools.*

I give permission for the following people to pick up my child from camp if I am not able to do so or in case of illness or emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL INFORMATION**

**1<sup>st</sup> Child Name** \_\_\_\_\_

Allergies (Food, Medication, Bee Stings, etc.) \_\_\_\_\_

Is the child on medication? \_\_\_\_\_ If so, please contact the Brookstone office at 704-392-6330 to obtain a medical authorization form.

Medication \_\_\_\_\_ Other instructions \_\_\_\_\_

2<sup>nd</sup> Child Name \_\_\_\_\_

Allergies (Food, Medication, Bee Stings, etc.) \_\_\_\_\_

Is the child on medication? \_\_\_\_\_ If so, please contact the Brookstone office at 704-392-6330 to obtain a medical authorization form.

Medication \_\_\_\_\_ Other instructions \_\_\_\_\_

3<sup>rd</sup> Child Name \_\_\_\_\_

Allergies (Food, Medication, Bee Stings, etc.) \_\_\_\_\_

Is the child on medication? \_\_\_\_\_ If so, please contact the Brookstone office at 704-392-6330 to obtain a medical authorization form.

Medication \_\_\_\_\_ Other instructions \_\_\_\_\_

*If your child has an EpiPen, the camp will need to keep one on site in the event of an emergency.*

### Media Consent Form

Since Brookstone Schools is a non-profit educational institution that is dependent on generous private contributions, it is important for us to publicly share about the school in order to secure these resources. Photos of your child taken at the school may be used for these purposes in publications, news stories, brochures and in other media.

I give permission for photos of my child, \_\_\_\_\_, to appear in printed material, publications, video to be aired, and in related efforts to tell others about Brookstone Schools. I will receive no compensation for use of said photos and/or video footage.

I **do not** give permission for photos of my child, \_\_\_\_\_, to appear in printed material, publications, video to be aired, and in related efforts to tell others about Brookstone Schools.

Parent or Legal Guardian \_\_\_\_\_

My signature below acknowledges that all the information provided above is accurate. I also acknowledge that I have read and filled out every section on this form completely before signing it. If my child arrives at camp after 9:00am, they will not be permitted to attend camp for that day. I have read and agree to all the policies set forth by the Brookstone Summer Learning and Adventure Camp.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## MEDICAL INFORMATION

Child Name (print) \_\_\_\_\_

Grade \_\_\_\_\_

Please complete this form to give us up to date medical information on your child. All parents need to complete this form even if your child is not on any medications.

Please list any allergies and medications that your child is on:

Allergies (Food, Medication, Bee Stings, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on medication for any of the above allergy(ies)? Yes No

Medication \_\_\_\_\_ Other instructions \_\_\_\_\_

Medication \_\_\_\_\_ Other instructions \_\_\_\_\_

Medication \_\_\_\_\_ Other instructions \_\_\_\_\_

Does your child need an inhaler? Yes No

**If your child needs an inhaler on a daily basis, the school will need to keep one on site in the event of an emergency.**

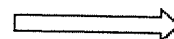
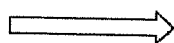
Does your child have an EpiPen? Yes No

**If your child has an EpiPen, the school will need to keep one on site in the event of an emergency.**

**If your child has any allergies or medicines please contact the Brookstone office at (704) 392-6330 for a medical authorization form.**

\_\_\_\_\_  
Child Name (print)

\_\_\_\_\_  
Parent/Guardian Name (print)



**Income Eligibility Form - Summer Food Service Program – FREEDOM WITHIN WALLS**

Complete one application per household.

**List ALL Household Members who are under the age of 18.**

First Name	MI	Last Name	Is this child attending camp?	Is this child a foster child?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If all of the children attending camp are foster children, skip to Part 4. If not, proceed to Part 2.

**Assistance Programs**

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

<input type="checkbox"/> Yes	Write your case number here and skip to Part 4	Case Number:
<input type="checkbox"/> No	Proceed to Part 3	

**Report Income for ALL Household Members**

A. Child Income. Sometimes children in the household earn income. Please include the total income earned by Household Members listed in Step 1 here.

Child Income Amount	How Often?
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly

B. All Adult Household Members. List ALL Household Members (including yourself) even if they do not receive income. For each Household Members listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Name	Income from Work	How Often?	Child Support/Alimony/Public Assistance	How Often?	Pensions/Retirement/Other Income	How Often?
		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>
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		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>

<input type="checkbox"/>	Total number of Household Members (including children and adults)	Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member	Check here if no SSN
		X X X - X X -	

**Signature**

I certify that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and 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.

Printed name of adult completing the form	Signature of adult completing the form	Today's Date
Street Address	City	State
		Zip
		Phone (optional)

**Do not fill out this part. This is for official use only.**

Total Income:	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Household Size:	Categorical Eligibility <input type="checkbox"/>
Eligibility:	Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>	Reason:	
Determining Official Signature	Date	Confirming Official's Signature	Date

## Instructions for the Income Eligibility Form

All information provided on this form is treated with strict confidentiality. Only authorized personnel have access to the information on this form. This information is used only for the purpose of determining eligibility for the Summer Food Service Program. This information is kept in a secure location and destroyed after three years as required by the North Carolina Department of Public Instruction.

### Part 1

List every household member under the age of 18. For each person listed, please indicate if that person will be attending camp this summer by checking the appropriate box. Also, please indicate if that child is a foster child. If EVERY child attending camp is a foster child, you may skip Part 2 and Part 3 and complete Part 4. If ANY of the children attending camp are not foster children, proceed to Part 2.

### Part 2

Indicate if ANY household members participate in SNAP, TANF, or FDPIR assistance programs by checking Yes or No. If you answer Yes, write your case number for the assistance program in the space provided, skip Part 3, and complete Part

4. If you answer No, proceed to part 3.

### Part 3

A. List the total amount of income earned by the children listed in Part 1 (if any), and indicate how often it is earned.  
B. List every household member age 18 and older even if they do not receive income. For each household member listed who does earn income, list the total amount received from each source in whole dollars and indicate how often it is earned. For each household member who does NOT receive income, write "0" in the spaces provided. Indicate the total number of household members (including children and adults) in the space provided. Include the last four digits of the Social Security Number of the person completing this form in the space provided or check the appropriate box if you do not have a Social Security Number.

### Part 4

Carefully read the certification statement and sign the agreement by printing your name, signing your name and writing today's date the appropriate boxes. Additionally, provide your address and phone number (optional).

Do not write in the lowest section of the form. This is to be completed by South Mountain Christian Camp authorized personnel only.

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.