

East Madison Community Center's 2017 Summer Day Camp Teen Application (Confidential)

 First and Last Name of Child Age Birthdate
 Grade Entering _____ School Entering _____

 Household Address (street) (city) (zip)

 Home Phone Work Phone

 Cell Phone Email Address

Name of parent(s)/guardians living in the household: _____
 Are you a single parent? Yes _____ No _____
 Are parent(s)/guardian(s) presently unemployed? Yes ____ No _____
 Are parent(s)/guardians currently enrolled in school or training programs? Yes ____ No _____
 Parent/Guardian Employer, School, or Training program

Please Circle Household Income

1 Person Household	2 Person Household	3 Person Household	4 Person Household
Over \$46,100	Over \$52,650	Over \$59,250	Over \$65,800
\$28,950 to \$46,100	\$33,050 to \$52,650	\$37,200 to \$59,250	\$41,300 to \$65,800
\$17,400 to \$28,950	\$19,850 to \$33,050	\$22,350 to \$37,200	\$24,800 to \$41,300
Less than \$17,400	Less than \$19,850	Less than \$22,350	Less than \$24,800
5 Person Household	6 Person Household	7 Person Household	8 Person Household
Over \$71,100	Over \$76,350	Over \$81,600	Over \$86,900
\$44,650 to \$71,100	\$47,950 to \$76,350	\$51,250 to \$81,600	\$54,550 to \$86,900
\$28,410 to \$44,650	\$32,570 to \$47,950	\$36,730 to \$51,250	\$40,890 to \$54,550
Less than \$28,410	Less than \$32,570	Less than \$36,730	Less than \$40,890

Please circle your child's race/ethnicity.

White/Caucasian

Black/African American

Asian

Hispanic/Latino

Black/African American and White/Caucasian

Asian and White/Caucasian

Other (please specify) _____

Medical Information

Emergency Contact (Besides Parent)

Phone Number

Hospital/Clinic Preference

Physician's Name

Phone Number

Allergies/Special Health Considerations:

Does Your Child have a reading disability? Yes____ No____

Does your child have other disabilities? Yes____ No____

Indicate Disability: _____

Center staff cannot administer medications except under the following conditions:

- a. A signed, dated, written authorization from the parent is on file.
- b. Prescription medication is in the original container and labeled with the child's name, name of the medicine, dosage, directions for administering, date, and physician's name.
- c. Non-prescriptive medication is labeled with the child's name and includes the dosage and directions for administering.

I give the EMCC staff permission to apply the following over the counter items to my child:

- __Bandages/Wraps
- __Sunscreen
- __Bactine
- __Calamine Lotion
- __Body Lotion
- __Bug Spray- (OFF Skintastic-unscented, w/ Aloe Vera)
- __Cold Compression/Warm Compression
- __Child strength non-aspirin pain reliever

PHOTO RELEASE: I hereby give my consent for the East Madison Community Center to use my child's photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child listed on this application. Yes____ No____

I HEREBY CERTIFY that all of the above information is correct. I understand that this information may be verified by the East Madison Community Center and that any deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Parent or Guardian

Date Signed

Please Print Name