CAMP KUM-BA-YAH

Campership Assistance Application 2012

4415 Boonsboro Road
Lynchburg, VA 24503
434-384-1755
CampKBY@verizon.net

OPEN ADMISSION POLICY

We consider applicants without regard to race, color, religion, gender, national origin, non-camp related medical condition or handicap.

PERSONAL DATA

Parent or Guardian's Names _____

Camper's Names 1.)_____ 2.) _____

3.) _____ 4.) _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Please briefly explain your family's situation and your reason for seeking assistance (use back of this page if needed): _____

_____

_____

_____

_____

Please answer each of the following with yes or no where applicable in the last year:
Have you received TANF? yes ____ no_____
Have you received public assistance for medical or housing? yes____ no_____
Does your child participate with the USDA school lunch program? yes____ no_____

SESSION REQUEST

[ ] Session I	Monday, June 18 - Friday, June 22
[ ] Session 2	Monday, June 25 - Friday, June 29
[ ] Session 3	Monday, July 2 - Friday, July 6
[ ] Session 4	Monday, July 9 - Friday, July 13
[ ] Session 5	Monday, July 16 - Friday July 20
[ ] Session 6	Monday, July 23 - Friday July 27
[ ] Session 7	Monday, July 30 - August 3
Counselor-in-Training ages 14-15	Monday, June 18 - Friday, August 3

WAITING LIST

Ocassionally spots become available at the last minute in our sessions. **These spots will first be filled with campers who have not attended a session this season.** Any remaining spots will then become available for children who have attended a session but who would like to return. If you would like your child(ren) to be placed on a waiting list for additional sessions please indicate those sessions here. You will be called several days before the session start **only** if your child is accepted into a wait listed session.
***Requesting a spot on our waiting list does not guarentee your child a place in that session**.

[ ] Session 2 [ ] Session 3 [ ] Session 4 [ ] Session 5

ASSISTANCE REQUEST

Each family receiving Campership Assistance is required to submit a **minimum of $10 per child per week** with their Camper Application(s) in order to hold a spot in the session.
Please state the amount you are able to pay for each child's Camper Fee $_____ x _____ = $_____
Amount # of children Total You Can Pay

Parent / Guardian Signature _____ Date _____

***If you would like to pay your child(ren)'s camp fees in installments, please outline your installment plan on the back of this form. Be sure to include the amount of each payment as well as the dates you will be making each payment. Please remember that all payments must be received before your child's session starts.**

Office use only
Received
By:_____Date:_____

Ses. App_____WL:_____