

TOWN OF HUNTINGTON

PROJECT P.L.A.Y./ST. JOHN'S CAMP 2015
GENERAL APPLICATION

Please complete one (1) form per child

(Please Print)

Child's Name () boy () girl

Age Date of Birth Grade

School District (presently attending)

Father's Name SS#

Mother's Name SS#

Home Address

Street

Town: State: Zip:

Home Phone: Emergency Phone:

Number of people in family

Are you receiving any Public Assistance? Circle whichever applies:

Medicaid ADC Food Stamps Unemployment (List Income \$)

Case Number:

Family Income: Annual \$ Monthly \$

Father's Place of Work

Mother's Place of Work

Is applicant a foster child? Yes No Case #

Please list child's previous camp or school experience:

(I certify that the above information is true and accurate)

Signature of Parent/Guardian Date

Print Name of Parent/Guardian

For Office Use

Eligible: Not Eligible

Sponsor's Signature: Date:

This form must be submitted to the Town of Huntington in order for a child to participate in the camp program.