

**TOWN OF HUNTINGTON
PROJECT PLAY/ST. JOHN'S CAMP
GENERAL APPLICATION 2021**

Please Print

POTENTIAL CAMPER INFORMATION

Child's Full Name: _____			
D.O.B. _____ / _____ / _____ <small>Month Day Year</small>	Child Age: <small>(Summer 2021)</small>	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to answer
What school district is your child currently enrolled in?			
Has your child previously attended camp or school? <i>(If yes, please indicate where)</i>			

PARENT INFORMATION

Primary Parent/Guardian Name:	_____
Home Address:	_____ <small>Street City State Zip</small>
Mailing Address: <small>(if different then home address)</small>	_____ <small>Street City State Zip</small>
Telephone #:	Alternate #:
Email:	
Preferred Method of Contact:	<i>Telephone Postal Mail Email Text No Preference</i>

HOUSEHOLD/INCOME ELIGIBILITY

# of people living in your household		Family Income	Monthly:	Annual:
Are you receiving any Public Assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, circle the ones that apply.</i>		
		Medicaid	Temporary Assistance	SNAP Unemployment
Is Camper a Foster Child?		<i>If yes, provide Case #:</i>		

**Does your child have any physical, medical, behavioral, or social needs that are sanctioned and have an approved plan by a State or Educational official? i.e. School YES* NO*
**If yes, please provide a copy of the schools plan along with this application. This is to ensure we can provide proper care if needed.*

I certify that the above information is true and accurate.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____

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For Office Use Only

Eligible ____ Not Eligible ____ Free or Reduced-Price Meals ____ Sibling(s) Enrolled in Camp ____

Sponsor's Signature: _____ Date: _____

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