

**TOWN OF HUNTINGTON**  
**PROJECT PLAY/ST. JOHN'S CAMP**  
**GENERAL APPLICATION 2022**  
*Please Print*

**POTENTIAL CAMPER INFORMATION**

<b>Child's Full Name:</b>			
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 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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