

The Arc Gloucester - Camp Sun 'N Fun Physical Examination Form - 2024

Camper's Name: _____

Please Circle: Male Female Non-Binary Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Examining Physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Health History:

Date of Last Tetanus/Booster: _____ (Month/Year)

Dates of COVID-19 Vaccine Series: _____, _____, _____

Please attach a copy of your COVID vaccination record or NJ docket

Diseases:

	Y	N	Date		Y	N	Date
COVID-19				Heart Defect/ Disease			
Chicken Pox				Diabetes			
Measles				Bleeding/Clotting Disorder			
Mumps				Hepatitis			
Asthma				Other			

Allergies:

	Y	N		Y	N
Hay Fever			Penicillin		
Poison Ivy, etc.			Foods		
Insect Bites			Other:		

Medication Allergies: _____

Food Allergies: _____

Operations or serious Injuries: _____

Seizure Disorder: Yes or No Type: _____ Duration _____

Medical Examination

Height: _____ Weight: _____ T: _____ P: _____ R: _____ BP: _____

Diagnoses: _____

Eyes/Nose/Throat: _____

Musculoskeletal: _____

Cardio & Vascular: _____

Abdomen: _____

Skin: _____

Mental/Neuro: _____

Medications:

RX and Regular OTC, use separate sheet if needed

Medication Name	Dose	Frequency	Route	Reason

Activity Restrictions:

	Yes	No
Outdoor Sports		
Sun/Heat Tolerance		
Swimming		
Performing Arts/Dancing		
Nature/Outdoor Activities		
Extensive Walking		

Recommendations or restrictions for any of the above activities while at camp:

To the best of my knowledge, I verify that the above-named camper is physically able to engage in programming activities, except as noted above, and the above-named camper is free of any contagious or communicable diseases:

Signature of Examining Physician

Date:

The Arc Gloucester - Camp Sun 'N Fun Permission Forms

Camper Name: _____

Must be signed by parent/legal guardian only, community care providers and group home staff signatures are not acceptable. If guardianship status is undecided, please let us know at the time of your application.

1. Authorization to Participate and Permission for Emergency Treatment (Required)

1. I feel this applicant is appropriate for camp and give my permission to participate in all camp activities, except as specifically noted in the application. In the event of an illness/injury/emergency I hereby give my permission for the camp administration to provide and/or secure medical treatment for the camper named in this application.

Guardian Signature

Date

2. Waiver (Required)

2. I hereby give my permission for my applicant to attend Camp Sun 'N Fun. While camp will take every reasonable precaution, it is agreed that Camp Sun 'N Fun assumes no responsibility for the camper's personal property and it is released from liability in connection with medical costs, except as covered by camp's insurance.

Guardian Signature

Date

3. Prescription Medication (Required)

3. I hereby give my permission for Camp Sun 'N Fun to administer the prescribed medications listed in the medical administration record at the time of drop-off according to the directions given by the physician on the medication containers.

Guardian Signature

Date

4. Over the Counter Medication (Required)

4. I hereby give permission for Camp Sun 'N Fun to administer over the counter medications to my camper as needed with the exceptions listed on the allergy section of this application according to the directions by the manufacturer as well as the standing orders of the camp doctor.

Guardian Signature

Date

5. Public Relations (Optional)

5. Permission is hereby granted to use my camper's name and photograph in different media outlets to publicize the work and program of the Arc Gloucester's Camp Sun 'N Fun.

Guardian Signature

Date

PROGRAM NAME: The Arc Gloucester - Camp Sun 'N Fun

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by . An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: (836) 848-8648, ext. 1220

1 **ENROLLMENT INFORMATION**
Name of Child: _____ Age: _____
Last Name First Name

2 **FOSTER CHILD:** Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.

If this is a foster child, check this box ☐ Write the child's monthly personal use income. Write "0" if the child has no income \$_____.

3A **HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN,**
Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.

SNAP Case Number: _____ TANF Case Number: _____

3B **ALL OTHER HOUSEHOLDS** – If you did not write a SNAP/TANF case number or checked Foster Child, complete this part and sign the application in Part 4.

NAMES		MONTHLY INCOME				
List the Names of Everyone in Your Household	No Income	<u>MONTHLY</u> Gross Earnings from Work (Before Deductions)		<u>MONTHLY</u> Welfare, Child Support, Alimony, Unemployment Benefits	<u>MONTHLY</u> Payments from Pensions, Retirement, Social Security	<u>MONTHLY</u> Any Other Income
		Job 1.	Job 2.			
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$

4 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE:

SIGNATURE OF ADULT HOUSEHOLD MEMBER

HOME ADDRESS

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER*

TOWN/CITY

ZIP CODE

PRINTED NAME OF ADULT SIGNING APPLICATION

DATE SIGNED

HOME TELEPHONE

WORK TELEPHONE☐ *I do not have a Social Security Number*

5 Participant's ethnic and racial identities (optional)
Mark one ethnic identity: _____ Mark one or more racial identities: _____

Mark one ethnic identity:

Mark one or more racial identities:

☐ **Hispanic or Latino**☐ **Asian**

☐ American Indian or Alaska Native

☐ Not Hispanic or Latino☐ **White**☐ Native Hawaiian or Other Pacific Islander☐ Black or African American

Do Not Write Below This Line - Official Use Only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ ☐ Annual ☐ Monthly ☐ Twice Per Month ☐ Every Two Weeks ☐ Weekly

Household size: _____ **Categorical Eligibility:** _____ **Date Withdrawn:** _____ **Eligibility:** Free _____ Reduced _____ Denied _____

Reason:

Reason: _____
Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Temporary: Free _____ Reduced _____
Determining Official's Signature: _____

Date:

Confirming Official's Signature:

Date:

Follow-up Official's Signature:

Date: _____

2023-2024 SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for free and reduced-price meals is included in this letter for your information. If your income is less than or equal to the free or reduced-price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2023, to June 30, 2024
FAMILY SIZE AND INCOME SCALE
FOR FREE AND REDUCED-PRICE MEALS
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS			REDUCED PRICE MEALS		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	18,954	1,580	365	26,973	2,248	519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
Each Additional Family Member	+6,682	+557	+129	+9,509	+793	+183

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc. only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2800 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Signature of Sponsoring Organization Representative

Camp Sun 'N Fun 2024 Schedule

Residential Camp

Session 1: June 23-28

Session 2: June 30-July 5

Session 3: July 7-12

Session 4: July 14-19

Session 5: July 21-26 (Christmas in July)

Session 6: July 28-August 2

Session 7: August 4-9

Session 8: August 11-16

Camp TREK: August 18-23



Day Camp

Session A: July 1-4

Session B: July 8-11

Session C: August 5-8

Session D: August 12-15

Respite Camp

Fall Fun Weekend: Oct 18-20

Travel Weekend: Nov 15-17

Holiday Day Camp: Dec 14 and 15

