



Campership Application – Part A

Parent / Guardian Form

Please return completed form to the child’s teacher or social worker, or mail to Washtenaw Camp Placement Association. *Be sure that both parent and child sign page two; child’s grade next year must be between 5 and 12.* Washtenaw Camp Placement Association may seek additional information concerning the child applying.

Child’s last name First Middle Birth date M/F Grade next year

Street address City Zip code School currently attending

Parent / Guardian Home Phone Cell Phone

Parent / Guardian e-mail address Is this a single parent home? Yes No
Is the child a foster child? Yes No

Please provide two other phone numbers for messages if you cannot be reached at the above numbers:

Name Relationship Phone

Name Relationship Phone

Please list every person living in the household:

Name Child applying M / F Age

Name Relationship to child applying M / F Age

Name Relationship to child applying M / F Age

Name Relationship to child applying M / F Age

Name Relationship to child applying M / F Age

Name Relationship to child applying M / F Age

Does father provide financial support? ___ Y / N Does mother provide financial support? ___ Y / N

Father’s occupation Mother’s occupation

Where? Work Phone Where? Work Phone

Are you receiving Family Independence Program (FIP) support? Yes No

What is your household's total yearly income? (Household income includes current income received by all household members before deductions for taxes and social security. Income is any cash income received which may include, but is not limited to, wages, salary, social security, welfare, unemployment, child support, alimony, pensions, retirement, and earnings from self-employment.)

Less than \$15,000 \$15,001 to \$22,000 \$22,001 to \$27,000 \$27,001 to \$32,000
\$32,001 to \$37,000 \$37,001 to \$42,000 If over \$42,000, income is _____

Please describe any unusual financial problems:

Has your child gone to camp through Washtenaw Camp Placement Association before? Yes No

If yes, which camp? _____ Does your child prefer this camp? Yes No

Are you applying to any other camps? Y/N _____ If yes, please list all other camps you are applying to: _____

List the times during the summer your child will not be available to attend camp: _____

Why? _____

Names and grade next year of brothers and sisters applying for a campership (each child must submit a separate application):

Name Grade next year Name Grade next year

Is the child physically, mentally, or emotionally impaired? Yes No

If yes, please describe limitations and special needs which should be considered in selecting the appropriate camp program:

Additional comments by child or parent:

Every family is encouraged to make a contribution toward the cost of camp. No child will be denied a campership if this is not possible. Contributions will be requested after the child is placed in a camp.

Our family's contribution pledge toward the camp fee will be \$ _____

I believe that my child wants to go to camp, and ask that he/she be considered for a campership for resident camp.

I would like to be considered for a scholarship to one or two weeks of sleep-away camp.

Parent / Guardian Signature Date

Child Signature Date

After form is completed and signed by parent/guardian and child, return it to:

Washtenaw Camp Placement Association 3135 S. State St., Suite 350-D, Ann Arbor, MI 48108

Direct questions to: CampPlacement@sbcglobal.net or Telephone: 734-971-4537