

**ARCADIA COMMUNITY COORDINATING COUNCIL
CONFIDENTIAL CAMPERSHIP APPLICATION
626.802.7665**

Activity/Camp: _____ **Date of Activity** _____

Child's Name(s) 1. _____ 2. _____ 3. _____

Child's Address _____ **Phone #** _____
Street City Zip Area Code Number

Child's Age(s) 1. _____ 2. _____ 3. _____ **Birthdate(s)** 1. _____ 2. _____ 3. _____

School (in Sept.) _____ Grade (Sept.) 1. _____ 2. _____ 3. _____

Medi-Cal No. (if any) _____ **Does Child qualify for free school lunches?** _____

Does Child Have Any Special Needs: (Describe, if any) _____

Number of ALL Children In Home: _____

No. of Parents In Home: ____ No. of Adults Beside Parents In Home: ____ Head of Household: Male Female

Mother's Name _____ Father's Name _____

Social Security Number _____ Social Security Number _____

Phone: (Home) _____ Phone: (Home) _____

(Work) _____ Phone: (Work) _____

(cell) _____ email) _____ (cell) _____ (email) _____

Are there any Handicapped Members in Your Household? Yes No

Annual Gross Income From All Sources For Total Household: \$ _____

Financial Problems (debts): _____

Monthly Mortgage/Rent Payment Amount: \$ _____

Total Monthly Expenses Excluding Mortgage/Rent: \$ _____

Do you have any other assets other than your home? Yes No

If yes, list the assets: _____

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low-Income	\$26,550	\$30,300	\$34,100	\$37,900	\$40,950	\$43,950	\$47,000	\$50,050
Extremely Low-Income	\$15,950	\$18,200	\$20,500	\$22,750	\$24,550	\$26,400	\$28,200	\$30,050

Please provide copies of the following documents: 1) Most recent tax return **AND** 2) W-2 or 3 months pay check stubs **AND** 3) copy of a utility bill for proof of residence **AND** 4) copy of each child's birth certificate.

I HEREBY CERTIFY that the aforementioned facts are true. If at any time this information is found false or incorrect and it is then discovered that I do not qualify for the ACCC Program, I am liable for all costs incurred through the program.

Applicant's Signature _____ Date _____

ACCC Campership Caseworker; Genevieve Valiquette Phone No. 626.802.7665 or email: campership@hotmail.com.

Forms should be submitted to: Arcadia Recreation and Community Services Department, 375 Campus Drive, Arcadia.

For Office Use Only

Very Low Income _____ Low Income _____

Number in Family _____ Female Head of Household Yes _____ No _____

Household Income \$ _____ Racial/Ethnic Group _____

Can applicant contribute to camp activities? Yes _____ No _____ If so, how much? \$ _____

Date Placement Approved _____ Caseworker's Signature _____

Camps(s)/Activities assigned to child: _____