

Camper Registration Process

Please follow the steps below to register your child to attend a camp at Wilderness Trails, Inc.

1. **Pre-Registration** – call our Program Directors to pre-register your child.

Boys' Camps – James Gordon at 541-621-2483

Girls' Camps – Edie Parmer at 541-890-0322

Information Needed:

- a. Camper Name
- b. Camper age
- c. Camper's city location (i.e. Medford, Central Point, Grants Pass, etc.)
- d. Contact person – Name and phone number

** James or Edie will call this person to confirm camper name is on the list **

2. **Camper Registration Forms** – You will need to print off and fill out the following forms available on our website at: www.wildernesstrails.net

- a. Camper Registration Form
- b. Medication log
- c. Summer Food Program application form

DO NOT mail these forms. Give them to the driver when camper is transported to camp or bring with the camper if you will be providing transportation to camp.

3. **Transportation**

Our camp directors, James or Edie, will be contacting you 1-2 weeks prior to the camp to confirm transportation details-*Times of drop off/pick up and locations for drop off/pick up.*



WILDERNESS TRAILS CAMPER REGISTRATION

P.O. Box 4655
Medford, OR 97501
Tel: 541-772-2892
Fax: 541-772-5341
T.F. 1-800-676-5437
www.wildernesstrails.net

All programs are open to any child regardless of race, color, creed or national origin. Wilderness Trails does not receive any government funding and relies solely upon donations to provide these camps. If you would like to make a donation to WT, we would greatly appreciate it. Wilderness Trails is an Inter-denominational Christian camping organization dedicated to "Reaching Out With God's Love" that shares "For God so loved the world that He gave his one and only Son, that whoever believes in Him shall not perish but have eternal life." John 3:16

*** We DO NOT allow campers to smoke or bring cigarettes to camp ***

Camp Date _____

Camper's Legal Name _____ Age _____ Birthdate _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Sex M F School _____ Grade _____

Parent / Guardian / whom camper resides with Name: _____

Parent's work place _____ Phone _____

Family Physician _____ Phone _____

Emergency contact person other than parent: Name _____ Phone _____

What agency signed your child up for camp (i.e. SCF, JDH)? _____ Contact: _____ Phone _____

AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT

The undersigned hereby authorizes Wilderness Trails to transport the above named camper to a local hospital and give the necessary consent for any treatment, care, diagnosis and/or examination of child in case of emergency.

Date _____ Signature _____ How Related _____

Medical Card # _____ Insurance Group _____

AUTHORIZATION FOR MEDICATION ADMINISTRATION

Please list any immediate medical problems (diabetes, allergic reactions, etc.), the date of last tetanus shot, and any other limitations Wilderness Trails should know about for medical reasons.

Date _____ Signature _____ Date of last Tetanus shot _____

History & Medicine Info. _____

Is there any medication that your child needs to have administered while at camp? _____

If yes, please fill out a Medication Log located on the website.

AUTHORIZATION FOR RELEASE

I hereby give permission to Wilderness Trails to take photographs or voice recordings of campers taken at a camp for any training or public relations purposes (i.e News letters to sponsors, the wildernesstrails.net website, etc.) without further consent.
(Children will not be identified)

Parent or Guardian's Signature _____

"Building Perseverance, Character and Hope in Youth"

2009/2010 CONFIDENTIAL MEAL APPLICATION Summer Food Service Program

Application Instructions

- If your household receives Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), **TANF or FDPIR**, complete parts 1, 2 and 5.
- If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4 and 5.
- If you are applying for a **FOSTER CHILD**, complete parts 1, 3, and 5.

1 HOUSEHOLD INFORMATION Print name of person completing this application (Last name, First name)

Name <u>Print</u> _____ Mailing Address – Apt # _____ City State Zip _____	Home Phone or Cell Phone (Circle One) _____ Work Phone _____ → Number living in this household _____ (Write names of all household members on parts 2 and/or 4 of this form)
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Does this household receive **FDPIR (Food Distribution on Indian Reservations)** **Yes** (Complete parts 2 and 5)

2 STUDENT INFORMATION

Child's Name (Last name, First name)	School	Grade	Birth Date	List SNAP* or TANF case # for each child, if receiving public benefits
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

3 FOSTER CHILD INFORMATION (COMPLETE A SEPARATE FORM FOR EACH FOSTER CHILD) Child's Monthly Personal Use Income

Child's Name (Last name, First name)	School	Grade	Birth date	Personal Use Income
_____	_____	_____	_____	_____

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1 List all household members, including children not attending school, and income. Do not include students listed in section 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE & SOCIAL SECURITY NUMBER

I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that state officials may verify (check) information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Adult Household Member	Date Signed	Social Security Number *	<input type="checkbox"/> I do not have a Social Security Number.
X _____	_____	_____-_____-_____	
	Month/day/year		

* Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program)

ADMINISTRATIVE USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____ Approved _____ Not Eligible _____

Free based on:

- SNAP/TANF
- FDPIR
- household income
- foster child's Income

Determining Official's Signature : _____ Date _____

Application Instructions

- If your household receives Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), **TANF or FDPIR**, complete parts 1, 2 and 5; parts 6 and 7 are optional.
- If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4 and 5; parts 6 and 7 are optional.
- If you are applying for a **FOSTER CHILD**, complete parts 1, 3, and 5; parts 6 and 7 are optional.

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced priced meals if your household income falls within the limits of this chart.

Household Size	<i>Reduced Price Meals</i>		
	Annual	Month	Week
-1-	20,036	1,670	386
-2-	26,955	2,247	519
-3-	33,874	2,823	652
-4-	40,793	3,400	785
-5-	47,712	3,976	918
-6-	54,631	4,553	1,051
-7-	61,550	5,130	1,184
-8-	68,469	5,706	1,317
For each additional family member add	6,919	577	134

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules. We may share your information with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability." To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.