



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 _____ 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 CONFIDENTIAL MEAL APPLICATION – Summer Food Service Program

INSTRUCTIONS

- If your household receives FOOD STAMPS, TANF or FDPIR, complete parts 1-2, and 4.
- If you do not receive these benefits and your income is below the guidelines, complete all parts of this form.
- If you do not receive these benefits and if your income is above the guidelines, you do not need to complete this form.
- If you are applying for a FOSTER CHILD, complete part 1 and part 4.

1 HOUSEHOLD INFORMATION

Print name of person completing this application (last name, first name) L _____ Street Address – apt # L _____ City, State, Zip Code L _____	Home Phone L _____ Work Phone L _____ Total Number of persons Living in this household _____
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Public Benefits Information (if applicable):

- FOOD STAMP CASE NUMBER _____ (Oregon Trail card not acceptable)
- TANF (Temporary Assistance to Needy Families) _____ (TANF Case Number)
- FDPIR (Food Distribution Program on Indian Reservations)**

FOSTER CHILD INFORMATION

Child's Name L _____	Birth date L _____	Age L _____	Child's Monthly Personal Use Income \$ _____
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2 CHILD INFORMATION

Child's Name (last name, first name)	Birth date	Age
1. L _____	L _____	L _____
2. L _____	L _____	L _____
3. L _____	L _____	L _____
4. L _____	L _____	L _____
5. L _____	L _____	L _____
6. L _____	L _____	L _____

3 HOUSEHOLD MEMBERS & MONTHLY INCOME - Sponsor may require income verification

Do not include the names of children listed above unless they receive regular income (Last name, first name)	MONTHLY INCOME Total earnings & wages before deductions	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME -Including unemployment and workers comp.
1. L _____	\$ _____	\$ _____	\$ _____	\$ _____
2. L _____	\$ _____	\$ _____	\$ _____	\$ _____
3. L _____	\$ _____	\$ _____	\$ _____	\$ _____
4. L _____	\$ _____	\$ _____	\$ _____	\$ _____

4 SIGNATURE & SOCIAL SECURITY NUMBER

I certify that all of the above information is true and 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 information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Adult Household Member X _____	Date Signed _____ Month/day/year	Social Security Number * (See privacy statement) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check here if signer does not have a SSN
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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.

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 4.33. 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 2.15. 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 2. 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.*

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 Food Stamp, 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."

FOR SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

MEAL ELIGIBILITY (check applicable box)

- Food Stamps
- TANF
- FDPIR
- HOUSEHOLD INCOME
Household size: _____
Total household income: \$ _____
- FOSTER CHILD
Household size: _____
Total personal use income: \$ _____

APPROVED

Monthly Income Conversions:

If required, use these figures to convert household income to a monthly amount.

- Weekly x 4.33
- Every 2 weeks x 2.15
- Twice a month x 2

- APPROVED
- NOT ELIGIBLE

Signature of Official Determining Eligibility _____

Date _____

Double Check _____
(recommended but not required)

Instructions for Completing the Confidential Meal Application

- Your meal application must contain all required information before an eligibility determination can be made.
- Return the completed meal application to your child's camp or sponsoring organization.

NOTE: If a doctor has determined that your child is disabled, and the disability restricts the child's diet, then the sponsor will make meal substitutions according to the doctor's written diet order.

Households Receiving Food Stamps, TANF, or FDPIR Benefits

PART 1: List your name, mailing address with zip code and phone number, if available. Indicate which benefits your household receives: Food Stamps, TANF, or FDPIR. If your household receives Food Stamps or TANF you must list a Food Stamp or TANF case number.

PART 2: List the names of all children in your household, their birth date and age.

PART 3: Skip this part.

PART 4: Sign the application (must be signed by an adult in the household). A social security # is not required.

Households Applying Based on Income

You may qualify for free meals if your total household income is at or below the amount shown on this Income Chart:

INCOME CHART – 2009 INCOME ELIGIBILITY GUIDELINES

Household Size	Annual	Month	Week
-1-	19240	1,604	370
-2-	25,900	2,159	499
-3-	32560	2,714	627
-4-	39220	3,269	755
-5-	45880	3,824	883
-6-	52540	4,379	1011
-7-	59200	4,934	1,139
-8-	65860	5,489	1,267
For each additional family member add	6,660	555	129

PART 1: List your name, mailing address, and phone number. List the number of persons in the household.

PART 2: Write the names of all children in your household, their birth date and age.

PART 3: List the names of ALL household members not listed in PART 2. For household members earning income, List the monthly income amount and source. See the back page of the application to determine how to change wages and earnings into monthly income. If a student listed in PART 2 receives a regular income, List the student again in PART 3 along with his or her monthly income information.

PART 4: Sign the application (must be signed by an adult in the household) and list the signer's social security number. If the signer does not have a social security number, check the appropriate box.

Households Applying For a Foster Child

PART 1: List your name, mailing address and phone number. Complete the last question regarding a "Foster Child," including the child's name, birth date, age, and Monthly Personal Use Income (if no income, put "0").

PART 2: Skip this part.

PART 3: Skip this part.

PART 4: Sign the application (must be signed by an adult in the household). A social security # is not required.