



# Summer Academic Enrichment Program 2024

In partnership with the East Windsor Regional School District  
Application for Kinder a 8<sup>th</sup> Grade

The summer is soon approaching and Rise is gearing up for Summer Academic Enrichment Program.

The Rise Summer Camp offers parents the opportunity to get their children involved in summer academic enrichment while enjoying recreational activities and beach trips. **Because of Covid-19 we will continue to meet our high standards of cleanliness to ensure the safety and well being of our campers and staff while following all CDC guidelines.**  
*The Rise Summer Camp is licensed by the State of New Jersey Department of Health.*

**When:** July 1<sup>st</sup>-August 9<sup>th</sup>

**Where:** TBD

**Time:** 8:30am - 4:00pm

**Ages:** 5-17

**Tuition:** Based on family income

**Breakfast & Lunch:** Free (Monday-Thursday)

Come meet your child's counselor and all or our camp staff on **Thursday, June 27, 2024** at (TBD)

**Parent orientation will also take place that night.**

English orientation 4:30pm to 5:30pm &

Spanish orientation 5:30pm to 6:30pm.

\*Plus \$25 nonrefundable application fee and \$15 Camp T-Shirt. The deadline for camp registration is June 3, 2024.

Family Income (Based on Federal Poverty Level)	Registration Fees* & Tuition		Please bring all required documents at the time of registration. All forms must be completed and signed. *Tuition fee must be paid in full at time of registration, except if requesting a payment plan. <b>Please speak to a case manager about the terms and conditions.</b>
	Price (1 Child)	Additional Siblings Includes \$50 Discount	
125%	\$660	\$610	
185%	\$951	\$901	
200%	\$1,278	\$1,228	
400%	\$2,463	\$2,413	
			<b>Please note</b> <b>Your child will NOT be considered enrolled in camp until ALL requirements are met!</b>

Federal Poverty Level Range	Family Size 2 Person Maximum Annual Income	Family Size 3 Person Maximum Annual Income	Family Size 4 Person Maximum Annual Income	Family Size 5 Person Maximum Annual Income	Family Size 6 Person Maximum Annual Income	Family Size 7 Person Maximum Annual Income	Family Size 8 Person Maximum Annual Income	For additional family member add:
125%	\$24,650	\$31,075	\$37,500	\$43,925	\$50,350	\$56,775	\$63,200	\$6,425
185%	\$36,482	\$45,991	\$55,500	\$65,009	\$74,518	\$84,027	\$93,536	\$9,509
200%	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280
400%	\$92,150	\$112,710	\$133,270	\$153,830	\$174,390	\$194,950	\$215,510	\$20,560

## Payment Plan Terms and Conditions

In an effort to help our struggling families, Rise is now offering a payment plan as stated below:

- The 1st payment must be at least 1/3 of the total cost and must be made at the time of registration.
- The remaining balance will be divided into 2 additional payments.
- The payments CANNOT be scheduled more than 3 weeks apart.

**The total cost of attending camp must be paid in full by June 28, 2024.** Please be advised that your child will not be considered enrolled until the full payment is made. If you have missed the deadline for your scheduled payment, you are at risk of forfeiting enrollment for your child. **There is an additional \$35 fee for every returned check.**

Total Tuition Cost: \_\_\_\_\_

Scheduled Date	Scheduled Amount	Date Paid	Amount Paid	Balance Due	Signature

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ understand and accept the terms and conditions stated above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# 2024 SUMMER ACADEMIC ENRICHMENT PROGRAM

## Intake Application for K-8<sup>th</sup> Grade

Please clearly print all information: (all information is confidential)

<b>CHILD'S INFORMATION</b>				
LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY		STATE		ZIP CODE
TELEPHONE NUMBER		CELL TELEPHONE NUMBER		HAS YOUR CHILD PREVIOUSLY ATTENDED OUR CAMP? (PLEASE CHOOSE) <input type="radio"/> 2022 <input type="radio"/> 2023 <input type="radio"/> HAS NOT ATTENDED
DATE OF BIRTH	AGE	GENDER (CHOOSE ONE) <input type="radio"/> FEMALE <input type="radio"/> MALE		CHILD'S SOCIAL SECURITY # (OPTIONAL) _____ - _____ - _____
<b>ETHNICITY</b> PLEASE CHOOSE <input type="radio"/> CAUCASIAN <input type="radio"/> LATINO <input type="radio"/> SOUTH ASIAN (INDIA, PAKISTAN) <input type="radio"/> AFRICAN-AMERICAN <input type="radio"/> MULTI-ETHNIC <input type="radio"/> EAST ASIAN (CHINESE, VIETNAMESE, KOREAN, JAPANESE) <input type="radio"/> OTHER: _____				
<b>PARENT/GUARDIAN INFORMATION - Please print legibly and complete all sections</b>				
PLEASE CHOOSE <input type="radio"/> SINGLE PARENT FAMILY <input type="radio"/> TWO PARENT FAMILY				
NAME (MOTHER)				
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER		CELL TELEPHONE NUMBER
NAME (FATHER)				
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER		CELL TELEPHONE NUMBER
<b>PARENT/GUARDIAN INCOME INFORMATION</b>				
PARENT'S TOTAL GROSS INCOME		PLEASE CHOOSE <input type="radio"/> WEEKLY <input type="radio"/> BIWEEKLY <input type="radio"/> MONTHLY		
PARENT'S INCOME: \$ _____				
SOURCE OF INCOME: <input type="radio"/> EMPLOYED <input type="radio"/> SSI/SSD <input type="radio"/> TANF <input type="radio"/> PENSION <input type="radio"/> UNEMPLOYED <input type="radio"/> SOCIAL SECURITY <input type="radio"/> DISABILITY <input type="radio"/> GENERAL ASSIST. <input type="radio"/> OTHER: _____				

Under penalty of perjury, I hereby certify to the best of my knowledge and belief, that the above statements are true.

Parent/Guardian Signature

Date

Case Manager's Signature

Date

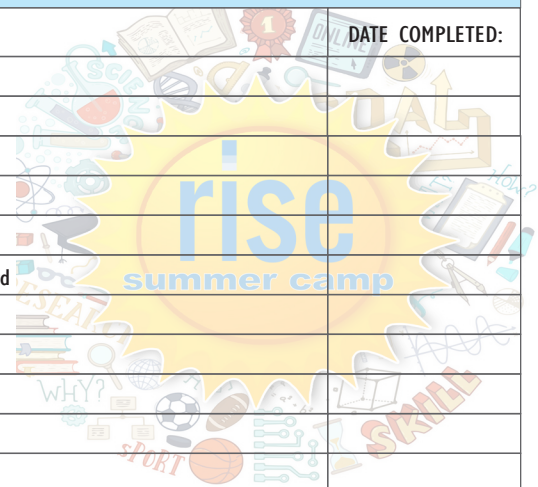
Email completed application to Maitiel Jimenez (Senior Case Manager) at [mjimenez@njrise.org](mailto:mjimenez@njrise.org) or call more information call at 609-443-4464.

### FOR OFFICE USE ONLY

#### SUMMER CAMP CHECK LIST

DATE COMPLETED:

- ☐ Application Complete
- ☐ Medical Form Complete
- ☐ Copy of Vaccinations
- ☐ Lunch Form Complete
- ☐ Copy of Family Income
- ☐ Copy of Camper's Social Security Card
- ☐ Copy of Birth Certificate
- ☐ Copy of Final Report Card
- ☐ Copy of Camper's Insurance Card
- ☐ Registration Paid
- ☐ T-Shirt Size



# RISE SUMMER ACADEMIC ENRICHMENT PROGRAM 2024 - APPLICATION FOR K-8<sup>TH</sup> GRADE

In partnership with the East Windsor Regional School District



CAMPER'S INFORMATION - Please print legibly and complete all sections			
LAST NAME		FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		CITY	STATE
DATE OF BIRTH	AGE	GENDER (CHOOSE ONE) <input type="radio"/> FEMALE <input type="radio"/> MALE	ZIP
T-SHIRT SIZE (CHOOSE ONE) Youth: <input type="radio"/> XS <input type="radio"/> SM <input type="radio"/> MED <input type="radio"/> LG or Adult: <input type="radio"/> SM <input type="radio"/> MED <input type="radio"/> LG <input type="radio"/> XL <input type="radio"/> XXL <input type="radio"/> XXXL			

## PARENT/GUARDIAN INFORMATION - Please print legibly and complete all sections

NAME (MOTHER)		
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
EMAIL		BEST WAY TO CONTACT YOU? (choose one) HOME PHONE <input type="radio"/> CELL PHONE <input type="radio"/> EMAIL <input type="radio"/>
NAME (FATHER)		
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
EMAIL		BEST WAY TO CONTACT YOU? (choose one) HOME PHONE <input type="radio"/> CELL PHONE <input type="radio"/> EMAIL <input type="radio"/>

## EMERGENCY CONTACTS - Please list the name and contact information for up to two people who may be contacted in an emergency should either parent/guardian be unavailable.

NAME / RELATIONSHIP - Must be available between 8:00am - 4:30pm	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
NAME / RELATIONSHIP - Must be available between 8:00am - 4:30pm	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER

## PICKUP AUTHORIZATIONS

In addition to parents, **ONLY** those on the list below will be allowed to pick up a camper from camp. (Photo ID required at pickup.) Please list up to three additional persons authorized to pick up your child. Parent/guardian may give written permission for an individual, who is not on this list, to pick up child. No child will be released without written permission. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to Rise and kept on file at the camp.

NAME / RELATIONSHIP	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
NAME / RELATIONSHIP	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
NAME / RELATIONSHIP	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
DOES YOUR CHILD HAVE PERMISSION TO WALK HOME? <input type="radio"/> YES <input type="radio"/> NO	PLEASE NOTE ANY ACTIVITIES THAT ARE CULTURALLY, RELIGIOUSLY, OR PHILOSOPHICALLY UNACCEPTABLE FOR YOUR CHILD TO PARTICIPATE IN:		

## MEDICAL RELEASE INFORMATION

1. LIST YOUR CHILD'S MEDICAL/HEALTH CONDITIONS, CHRONIC ILLNESSES, ALLERGIES, ETC.:
2. WHAT KIND OF MEDICATION DOES YOUR CHILD TAKE? WHAT IS IT FOR?
3. DOES YOUR CHILD HAVE ANY SPECIAL NEEDS (I.E., DIAGNOSIS, ETC.)?
4. IS YOUR CHILD ALLERGIC TO ANY TYPE OF FOOD OR MEDICATION? - DOES YOUR CHILD REQUIRE A SPECIAL DIET?

Please Initial: \_\_\_\_\_ Children needing medicine during the day must be able to administer it themselves. Staff will not be able to administer medicine to children or hold medicine for them.  
 \_\_\_\_\_ Parent will supply the medicine in its ORIGINAL CONTAINER and a copy of the prescription. Parent will notify Rise Summer Camp director promptly of any change.  
 \_\_\_\_\_ I further agree to fully disclose any illness or special needs that my child may have.  
 \_\_\_\_\_ I understand I must submit immunization records prior to the start of the camp.

**CONTINUE ON THE BACK**

## PARTICIPATION & PERMISSION AGREEMENT

PLEASE INITIAL EACH STATEMENT

I hereby enroll my child, \_\_\_\_\_, in the Rise Summer Camp. I certify that s/he is healthy and free of problems that could adversely affect his/her stay or that of other campers at the Rise Summer Camp.

\_\_\_\_\_ I grant permission for my child to participate in all scheduled camp activities, including bus transportation (if applicable), swimming, and field trips (if applicable), unless otherwise stated in writing to the Rise Summer Camp.

What is your child's swimming level? (Please choose) ☐ Non-swimmer ☐ Beginner ☐ Advanced

\_\_\_\_\_ I hereby give permission for images of my child, captured during Rise Summer Camp events through video, photographic, digital, electronic, or any other media, with or without his/her name and hometown, to be used by Rise and Rise Summer Camp promotional material and publications (including release to the news media), and waive any rights of compensation or ownership thereto.

**If you want to see camp activities follow us on Instagram  @risesummercamp**

\_\_\_\_\_ I grant Rise Summer Camp and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release the Rise Summer Camp from any liability in connection there within. In the event of an emergency, I understand that prudent attempts will be made to contact the undersigned immediately. I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred from prompt medical treatment.

\_\_\_\_\_ I have read the rules and understand that my child must comply with the camp's rules and standards of conduct and that the Rise Summer Camp may terminate my child's participation in the camp program if s/he does not maintain these standards. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.

\_\_\_\_\_ I will read the camp policies and procedures as explained in the applicable parent manual. This booklet will be provided at parent orientation.

\_\_\_\_\_ I indemnify and hold harmless the Rise Summer Camp and its employees from liability for any harm that befalls my child as a result of participation in the Rise Summer Camp.

By signing below, I acknowledge and accept the above stated release and the Rise Summer Camp policies that I have initialed.

Printed Name

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Parent/Guardian Signature

Date \_\_\_\_\_

## DOCUMENTS REQUIRED AT TIME OF REGISTRATION

- \_\_\_ Fully Completed Application.
- \_\_\_ Camper's Current Photo (passport size, digital).
- \_\_\_ Proof of Medical Vaccinations for camper.
- \_\_\_ Camper's Birth Certificate.
- \_\_\_ Camper's Medical Insurance Card.
- \_\_\_ Camper's Most Recent Report Card.
- \_\_\_ Proof of Income for 3 Months.  
(All members living at your residence.)
- \_\_\_ \$25 Application Fee Non-refundable.
- \_\_\_ IEP or 504 plan.
- \_\_\_ Most recent physical exam.

If you are applying for financial assistance please provide the following additional documentation:

- \_\_\_ Proof of Income for 3 Months.  
(All members living at your residence.)
- \_\_\_ Proof of address (Must have current date.)
- \_\_\_ Camper's Social Security Card (optional.)
- \_\_\_ Camper's Birth Certificate.



# 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 reduced price meals is included in this letter for your information. If your income is less than or equal to these 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/INCOME SCALE FOR FREE MEALS

(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	REDUCED PRICE MEALS		
	Annual	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
<b>Each Additional Family Member</b>	<b>+8,732</b>	<b>+728</b>	<b>+168</b>

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.

**Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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.
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

\_\_\_\_\_  
Signature of Sponsoring Organization Representative

# 2024 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: \_\_\_\_\_

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: \_\_\_\_\_.

## 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 nor 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	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY 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:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian  
☐ White  
☐ Black or African American

- ☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander

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: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice a Month, ☐ Month, ☐ Year

Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days

Determining Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Summer Camp 2024 Medical Examination Form

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Primary Health Insurance: \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## Physical Assessment

Allergies	_____	_____	_____
Height	_____	Ears	_____
Weight	_____	Skin	_____
BP	_____	Eyes	_____
Urine	_____	Nose	_____
Vision	_____	Mouth	_____
Hearing	_____	Gums	_____
Scoliosis	_____	Teeth	_____
Orthopedic	_____	Nodes	_____
			Neck _____
			Chest _____
			Heart _____
			Lungs _____
			Hernia _____
			Abdomen _____
			Genitourinary _____
			Date of last Physical _____

**\*\*Copy of updated immunizations required, please attach\*\***

## Medication Administration

Diagnosis \_\_\_\_\_  
Medications \_\_\_\_\_  
Mode/Dosage/Frequency/Time of Administration \_\_\_\_\_  
Side effects, if any \_\_\_\_\_

Physician's Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Parent will supply the medicine in its ORIGINAL CONTAINER and a copy of the prescription.  
Parent will notify Rise Summer Camp director promptly of any change.

Please Note: Children needing medicine during the day must be able to administer it themselves.  
Staff will not be able to administer to children or hold medicine for them.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_