



Summer Academic Enrichment Program 2024

In partnership with the East Windsor Regional School District
Application for Kindergarden to 8th 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 1st-August 9th

Where: Perry L. Drew Elementary School

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 Perry L. Drew Elementary School

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. Please speak to a case manager about the terms and conditions. |
|---|------------------------------|--|--|
| | Price (1 Child) | Additional Siblings Includes \$50 Discount | |
| 125% | \$660 | \$610 | Please note Your child will NOT be considered enrolled in camp until ALL requirements are met! |
| 185% | \$951 | \$901 | |
| 200% | \$1,278 | \$1,228 | |
| 400% | \$2,463 | \$2,413 | |

| 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% | \$25,550 | \$32,275 | \$39,000 | \$45,725 | \$52,450 | \$59,175 | \$65,900 | \$6,725 |
| 185% | \$37,814 | \$47,767 | \$57,720 | \$67,673 | \$77,626 | \$87,579 | \$97,532 | \$9,953 |
| 200% | \$40,880 | \$51,640 | \$62,400 | \$73,160 | \$83,920 | \$94,680 | \$105,440 | \$10,760 |
| 400% | \$81,760 | \$103,280 | \$124,800 | \$146,320 | \$167,840 | \$189,360 | \$210,880 | \$21,520 |

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

RISE SUMMER ACADEMIC ENRICHMENT PROGRAM 2024 - APPLICATION FOR K-8TH 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 | 1ST SUMMER WITH US? <input type="radio"/> YES <input type="radio"/> NO |
| STREET ADDRESS | CITY | STATE | ZIP |
| DATE OF BIRTH | AGE | GENDER (CHOOSE ONE) <input type="radio"/> FEMALE <input type="radio"/> MALE | GRADE (ENTERING FALL 2024) |
| 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  @risesummerncamp

_____ 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

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 |
| Each Additional Family Member | +8,732 | +728 | +168 |

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](#), (AD-3027) found online at: 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.

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.**

| List the Names of Everyone in Your Household | NAMES | | MONTHLY INCOME | | | |
|--|-----------|--|----------------|--|---|--------------------------|
| | 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*

_____ *TOWN/CITY* _____ *ZIP CODE*
*LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

_____ *DATE SIGNED* _____ *HOME TELEPHONE* _____ *WORK TELEPHONE*
PRINTED NAME OF ADULT SIGNING APPLICATION

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 _____ | Neck _____ |
| Weight _____ | Skin _____ | Chest _____ |
| BP _____ | Eyes _____ | Heart _____ |
| Urine _____ | Nose _____ | Lungs _____ |
| Vision _____ | Mouth _____ | Hernia _____ |
| Hearing _____ | Gums _____ | Abdomen _____ |
| Scoliosis _____ | Teeth _____ | Genitourinary _____ |
| Orthopedic _____ | Nodes _____ | 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 _____