



Greetings!

CAMP WAR EAGLE @ THE JONES CENTER 2013 was a blast! Now, it's time to start thinking about **CAMP WAR EAGLE @ THE JONES CENTER 2014**, the day camp program for boys and girls of Northwest Arkansas, ages 7 to 11!

Regardless of your enrollment in any other Camp War Eagle programs, you must complete the application process for **CAMP WAR EAGLE @ THE JONES CENTER 2014** to be considered for acceptance.

Application Process for CAMP WAR EAGLE @ THE JONES CENTER 2014

1. Complete an **Application**, including the **Qualification Form**, for each camper and return to Camp War Eagle or CWE 365. Each application will be reviewed by an enrollment committee and the child will be placed into a session based on their qualifications. However, meeting the minimum requirements does not guarantee placement. Applicants who demonstrate the most positive impact on their community have the best opportunity for placement.
Enrollment is NOT determined on a first come, first serve basis.
2. The **Qualification Form** must be completed before a camper will be considered for enrollment. Please remember that all campers are required to meet the criteria outlined for admittance and, therefore, the detailed completion of the Qualification Form is extremely important. For those applicants with prior participation in any Camp War Eagle program, performance and behavior will be a significant factor in determining their enrollment. The Qualification Form must be signed by the authorized person and that person must give a thorough description of the qualification.
3. All early enrollment campers will be notified of their acceptance in Spring 2014.

Important Requirements:

- All **CAMP WAR EAGLE @ THE JONES CENTER** applicants must be ages 7 to 11 while attending day camp, AND be currently enrolled in 1st through 5th grade to be eligible for enrollment.

If you have any questions, please contact us by phone at 479-750-2006. We are looking forward to another great summer!

Sincerely,
The CWE 365 Staff

Please note: Camp War Eagle summer overnight camp is a separate program; completion of an application for Camp War Eagle @ The Jones Center IS NOT an application for the Camp War Eagle overnight camp located on Beaver Lake. If you are interested in obtaining more information on Camp War Eagle Summer Residential Camp, please call 479-751-8899, email campwareagle@campwareagle.org, or visit our website at www.campwareagle.org.



CAMP WAR EAGLE @ THE JONES CENTER

2014 SUMMER DAY CAMP APPLICATION

(This form must be completed in full by parent or legal guardian for your child to be considered for enrollment. Please complete one form for each child.)

FOR BOYS AND GIRLS FROM NORTHWEST ARKANSAS

Ages 7-11

(All applicants must be ages 7 to 11 AND be currently enrolled in 1st through 5th grade to be eligible to attend.)

SESSION PREFERENCE Please number all sessions that your child could attend, #1 being first choice, #2 second choice, etc.

_____ Session D1 3 weeks, Mondays-Fridays June 9-27	_____ Session D2 2 weeks, Mondays-Fridays June 30-July 11	_____ Session D3 4 weeks, Mondays-Fridays July 14- August 8
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CHILD'S INFORMATION

Child's First and Last Name _____ **Name Used** _____

Check One: Boy Girl

Mailing Address _____ **City, State & Zip** _____

Age at camp in 2014 _____ **Birthdate** _____ - _____ - _____ **Current School Grade (2013 - 2014)** _____

Name of School: _____ **Teacher:** _____

This will be my _____ year as a Camp War Eagle @ The Jones Center Day Camper.

Returning campers—Circle previous Tribe: **Caddo Osage** New campers—circle siblings' Tribe (if applicable): **Caddo Osage**

Ethnic Origin (optional - circle one):
 American Indian Asian Black/African American White Hispanic/Latino Indian Marshallese Other _____

I prefer to receive all correspondence in (check one): English Spanish

PARENT/LEGAL GUARDIAN INFORMATION

Parents are: Married Separated Divorced Single

Child lives with: Mother Father Both Other _____

PARENT/LEGAL GUARDIAN 1

Full Name _____ Relationship _____

Home Address _____ City, State & Zip _____

Occupation _____ Work Hours _____

Home Phone (____) _____ Business Phone (____) _____ Mobile Phone (____) _____ Email _____

PARENT/LEGAL GUARDIAN 2

Full Name _____ Relationship _____

Home Address _____ City, State & Zip _____

Occupation _____ Work Hours _____

Home Phone (____) _____ Business Phone (____) _____ Mobile Phone (____) _____ Email _____

EMERGENCY CONTACT *REQUIRED!*****

Name _____ Relationship _____

Home Address _____ City, State & Zip _____

Telephone 1 (____) _____ Telephone 2 (____) _____

PICKUP LIST

Authorized individuals to pick up my child:

Camp War Eagle MUST be made aware of any custody issues that could affect your child. ***In the event a parent/legal guardian is NOT authorized to pick up a child, Camp War Eagle must have custody papers, a court restraining order or injunction on file.*** The following people DO NOT have permission to pick up my child(ren):

IMPORTANT INFORMATION

Are there any activities in which this child should **NOT** participate? (Please explain reasons.)

Does this child have any physical limitations?

Please list any allergies or medically necessary dietary restrictions:

Has this child **ever** been diagnosed or treated for any emotional, psychological, mental, behavioral, or chemical condition or disorder? Yes No
Does this camper **ever** exhibit any physical, mental, emotional, psychological or behavioral trait that could prevent him from **functioning cooperatively with others**? Yes No

If yes, please explain. **NOTE:** Full disclosure of the above information is required. The existence of a "limiting" condition does not necessarily exclude a child from acceptance into the CWE 365 program, however, a failure to disclose such a condition will result in automatic dismissal of the child with no refund of fees once the condition is brought to light.

ADDITIONAL COMMENTS: Please tell us anything that will help us ensure the very best experience possible for your child, including any personality traits, limitations or characteristics of this child which could help the staff in working with your child:

TUITION INFORMATION

Tuition assistance at Camp War Eagle @The Jones Center is based on family income level according to the following scale and due April 1, 2014. A gross household income figure **MUST** be estimated and included below.

Gross household income: \$ _____

2014 Camp War Eagle @ The Jones Center Tuition Scale

Gross Household Income	Session D1	Session D2	Session D3
	3 weeks	2 weeks	4 weeks
	Per Child	Per Child	Per Child
Below 15,000	\$15	\$10	\$20
15,001 - 25,000	\$30	\$20	\$40
25,000 - 40,000	\$45	\$30	\$60
40,000 - 60,000	\$60	\$40	\$80
60,001 - 80,000	\$90	\$60	\$120
80,001 - 100,000	\$120	\$80	\$160
Over 100,000 (Full Tuition)	\$150	\$100	\$200

BROTHERS & SISTERS

Name _____ Age _____

REFUND POLICY

Payments are fully refundable until May 1, 2014. After May 1, 2014, cancellation fees may apply .

ACADEMIC PERMISSION

I (We) permit and authorize my child's school and/or teacher to release my child's school grade reports, information relative to qualification for free and/or reduced meal programs, and information on general attendance and performance to Camp War Eagle for use in program evaluation and for purposes of support in the out-of-school programs. Camp War Eagle will not re-release personal information provided by school or teacher to any third parties.

_____ Initials of Parent/Legal Guardian

LEGAL GUARDIAN

I certify and attest that I **am a person legally responsible** for the applicant child named herein. I understand that completion of this application does not guarantee acceptance, and that I will be notified if my child is accepted to a program. If and when my child is accepted to a program, I will be notified of additional paperwork required for attendance.

I certify that the information provided in this application is true and correct.

Print Name _____ Signature _____ Date _____

Make checks payable to Camp War Eagle.

Mail or submit all applications and payments to
CWE 365 @ The Jones Center
922 E. Emma Ave.
Springdale, AR 72764

Questions?

Call us at 479-750-2006 or 479-751-8899
Email us at: campwareagle@campwareagle.org

CAMPER NAME: _____ School Grade: _____ Returning Day Camper (circle one): Yes No

Mark this box if your child has submitted qualifications for Camp War Eagle 2014 summer overnight camp and would like to apply those qualifications toward enrollment in Day Camp.

DAY CAMPER QUALIFICATION FORM

All campers are required to earn the opportunity to attend Camp War Eagle by at least meeting the minimum camper qualifications as listed below. Campers will be selected to attend camp based on their qualifications, and camper spots are limited. *You are encouraged to fill out as much of this information as possible as this form is used in the selection process.* Camper qualification documentation **must be signed** by a teacher, counselor, volunteer project leader, organization group leader or supervising adult, **and must be completed and returned to Camp War Eagle to be considered for acceptance.** Attach additional sheets as needed.

This is **NOT** optional.

MINIMUM DAY CAMPER QUALIFICATIONS FOR SUMMER 2014

Campers who do not meet the qualifications as outlined will **NOT** be eligible for enrollment, however, meeting minimum qualifications does not guarantee enrollment.

Scholastic Behavior & Performance is required for all Camp War Eagle camper applicants. *The completion of additional qualifications is encouraged and will be considered in the selection process as well.*

1st YEAR DAY CAMPERS

(never attended CWE Day Camp)

Scholastic Behavior & Performance

2nd YEAR DAY CAMPERS

(attended CWE Day Camp in 2013)

Scholastic Behavior & Performance

AND

Volunteer
Time

OR

Community
Involvement

Scholastic Behavior & Performance

(MUST be verified and signed by teacher or school counselor)

Teachers/Counselors: *A successful camper must be able to function independently in an overnight or daily summer camp atmosphere for a one-week to four-week time period. If the camper appears to have any serious behavioral issues or special circumstances that might prevent him/her from living and interacting cooperatively with others in a camp setting, please contact Camp War Eagle. The existence of a "limiting" condition does not necessarily exclude a child from acceptance into a session at Camp War Eagle.*

- Exhibits good behavior (interacts cooperatively with other children and school personnel)

Behavior Comments: _____

- Maintains a minimum "C" or "70" average (or equivalent) and exhibits good effort

Scholastic Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone Number: _____

Camp War Eagle @ The Jones Center

922 E Emma Avenue • Springdale, AR 72764 • (479) 750-2006 • campwareagle@campwareagle.org

Please see reverse side for Volunteer Time, Community Involvement and additional comments.

Volunteer Time (MUST be verified and signed by **volunteer project leader** or **adult supervising project**; attach additional sheets as needed)

ELEMENTARY (Grades 1st—5th) requires **10 hours**

- voluntary involvement in a recognized community service organization or project, OR
- voluntary involvement in an informal supervised community service project (such as care for the elderly, cleaning up an abandoned site, doing yard work for someone who is not capable of doing so, etc.)

Description of project or service performed _____

Number of hours completed: _____ Date(s) of project or service performed: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone Number: _____

Community Involvement (MUST be verified and signed by **organization group leader**; attach additional sheets as needed)

- Regular participation in a recognized organization, such as CWE 365 (Ozone), Boy Scouts, Girl Scouts, Church youth groups, sports teams, 4-H clubs, student council, etc. (10 extra hours of Volunteer Time may be counted as Community Involvement if Community Involvement is not possible.)

Name of Organization _____

How often does this organization meet? _____ Does this child regularly attend? _____

List of activities, projects, etc: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone Number: _____

OPTIONAL: Please include any additional information that may be helpful when reviewing this application. This may be completed by the camper, parent, teacher, counselor, or group leader.

