

**P.E.A.C.E Ministries**  
**Summer Camp 2018 Registration Form**  
**Carson Simpson Farm Christian Camp**  
 3405 Davisville Rd, Hatboro, PA 19040  
 215-659-0232 fax 215-659-5129 contact www.csfarm.org

EVENT NUMBER	GROUP NAME	DATES

**CAMPER INFORMATION:** please PRINT and use a separate form for each camper.

Camper's last name \_\_\_\_\_ First name \_\_\_\_\_ Likes to be called \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Home telephone ( ) \_\_\_\_\_ Parent Email \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade completed by **June 2018** \_\_\_\_\_ T-shirt size \_\_\_\_\_

Church Name and Town \_\_\_\_\_

Name of Father/Guardian (circle) \_\_\_\_\_ Home tel. ( ) \_\_\_\_\_ Work tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Name of Mother/Guardian (circle) \_\_\_\_\_ Home tel. ( ) \_\_\_\_\_ Work tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_

**I would like to purchase the 2018 CSF Camper Yearbook** (payment must not be combined with any other check and made out to Carson Simpson Farm) **Fee for yearbook is \$18.00.** (mailing postage included)

**CAMPER PROFILE**

Who do you live with? (example: Mom, brother, Grandparent) \_\_\_\_\_

Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?  Yes  No
2. Ever been treated for emotional/behavioral difficulties, self-harm or an eating disorder?  Yes  No
3. Ever have need for an aide at school?  Yes  No
4. Speak a primary language other than English?  Yes  No

**Explain "Yes" answers** in the space below, noting the number of each question requiring a response. Attach additional pages or contact the camp to provide additional information if needed.

Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think important or that may affect the camper's ability to participate successfully in the camp program (shyness, fears, etc.). List any strategies used to manage the concern or enhance the camper's ability.

Are there any visitation restrictions of which the camp must be aware? Yes \_\_\_ No \_\_\_ If Yes, please specify:

\_\_\_\_\_  
 If such a restriction exists, a copy of the current court order must be on file at camp. Every camper, regardless of family issues or disputes, must be safeguarded when in our care. Without legal documentation, we cannot enforce any instructions with regard to parental custody/visitation.

**SIGNATURES**

- I give my permission for the above-named camper to attend the above listed summer camp event with the Eastern PA Conference-UMC/Carson Simpson Farm. I understand that part of the camping experience involves activities, arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules.
- Upon signing, permission has been granted to Carson Simpson Farm to use photos and video images of the camper for publicity purposes. This could include, but is not limited to brochures, flyers, DVDs, newspapers, publications of Am. Camping Assoc., CCCA and UM Church, and use on the camp website and social media pages. If you do not agree to this, you must make your request known in writing at the time of registration.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Only parents or legal guardians of camper may sign)

**Continued on page 2**

## 2016-2017 Scholarship Guidelines – Carson Simpson Farm Christian Camp

1. If your household meets these criteria continue. If not check here

HOUSEHOLD SIZE	ANNUAL EARNING	MONTHLY EARNINGS	WEEKLY EARNINGS
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471

For each additional household member add: \$7,733 per year, \$645 per month, \$149 per week.

**2. Is this a FOSTER CHILD?** If this is a foster child, check here  and write the child's monthly personal use income here: \$ \_\_\_\_\_. Go to section #5.

**3. OTHER BENEFITS:** Are you getting FOOD STAMPS or TANF? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: \_\_\_\_\_ TANF case number: \_\_\_\_\_

**4. ALL OTHER HOUSEHOLDS:** (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
Names of Household Members (include the child listed on registration form)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

**5. SIGNATURE**

*I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct, or that all income is reported.*

**Signature of Adult:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**PLEASE REPORT ALL INCOME LISTED BELOW**

**Earnings from work**

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned Business, day care business or farm

**Pensions/Retirement/Social Security**

Pensions  
Supplemental Security Income  
Retirement income  
Veteran's payments  
Social Security

**Other Monthly Income/Self-employment**

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the household  
Net royalties/annuities/net rental income  
Military allowance for off-base housing  
Any other income

**Welfare/Child Support/Alimony**

Public assistance payments  
Welfare payments  
Alimony/child support payments  
CSF Ed.10/17