

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

2017-2018 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