



Campership Application – Part A: Parent/Guardian Form

DEADLINE FOR FIRST ROUND OF PLACEMENTS IS FRIDAY, FEBRUARY 17, 2023

Note: Applicant must be in Grade 4 or above to apply. Incomplete forms will be rejected.

Return form to Washtenaw Camp Placement, 3135 S. State Street, Suite 350-D, Ann Arbor, MI 48108

Child's last name First Middle Birth date M/F Grade **next** year

Street address City Zip code School currently attending

Parent/Guardian Cell Phone Home Phone

Parent/Guardian e-mail address Is this a single parent home? Yes No
Is the child a foster child? Yes No

You must provide the name, relationship and telephone of TWO ADDITIONAL ADULTS who can be reached in case of emergency. This application is void without that information. There are no exceptions to this requirement.

1. _____
First Name Last Name Relationship to child applying Telephone

2. _____
First Name Last Name Relationship to child applying Telephone

Please list every person living in the household with the applicant:

First Name Last Name Relationship to child applying M / F Age

First Name Last Name Relationship to child applying M / F Age

First Name Last Name Relationship to child applying M / F Age

Name Relationship to child applying M / F Age

Name Relationship to child applying M / F Age

Who provides support for the applicant: _____

Parent/Guardian #1 occupation Parent/Guardian #2 occupation

Employer/Company Name Work Telephone Employer/Company Name Work Telephone

THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING TWO QUESTIONS ARE ANSWERED

1. Are you receiving Family Independence Program (FIP) or other government support? Yes No

2. What is your household's total yearly income? Household income includes current income received by all household members before deductions for taxes and social security. Income is any cash received which may include, but is not limited to, wages, salary, social security, welfare, unemployment, child support, spousal support, pensions, retirement, and earnings from self-employment.)

Less than \$15,000 \$15,001 to \$22,000 \$22,001 to \$27,000 \$27,001 to \$32,000

\$32,001 to \$37,000 \$37,001 to \$42,000 If over \$42,000, income is \$ _____

Please feel free to describe any unusual financial issues:

Has your child gone to camp through Washtenaw Camp Placement before? Yes No

If yes, which camp? _____

List times during summer that your child **WILL NOT** be available to attend camp: _____
_____ Why? _____

Do not list all your children here. List only other children of yours who are also applying to us for a campership:

_____	_____	_____	_____
Name	Grade next year	Name	Grade next year

Is the child physically, mentally, or emotionally impaired? Yes No

If yes, please describe the child's limitations and special needs which may impact a camp experience:

Additional comments by parent/guardian or child:

Do not submit this form until the following is provided. Without this information the application will not be processed:

- **two additional adults to be notified in case of emergency, see page one**
- **annual income must be indicated above**

I believe that my child wants to go to camp, and I ask that he/she be considered for a campership for resident camp.

I would like to be considered for a campership to one or two weeks of sleep-away camp.

Parent/Guardian Signature Date

Child Signature Date

Return form to WCP by Friday, February 17, 2023 to be considered in the first round of placements.

Washtenaw Camp Placement, 3135 S. State St., Suite 350-D, Ann Arbor, MI 48108

Please direct questions to: CampPlacement@sbcglobal.net Telephone: 734.971.4537 Fax: 734.661.4029