

Before completing this application please go to <http://www.childcarenj.gov/Parents/Calculator> to calculate your eligibility for the NJCK subsidy program. If your family qualifies for the NJCK subsidy, applicants must complete that application at <http://www.co.bergen.nj.us/DocumentCenter/View/1400> first.

APPLICATION FOR SUMMER CAMPERSHIP SCHOLARSHIP PROGRAM 2020

Name of Parent(s)/Guardian: _____

Home Address: _____

City State Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

List All Children in the Family:
(INFANT TO 13 YRS OLD)

Ethnicity: _____
(INFORMATION NEEDED FOR STATISTICAL PURPOSE ONLY)

Name--place a check if applying for Campership for child	M/F	Age	Describe Special Needs (attach documentation)

Exception to the eligibility guidelines are made for emergencies, special medical and/or mental health circumstances.

Parent(s)/Guardian Employer: _____

Employer Address: _____

Total Family size (include self): _____ Family Income (Monthly): \$ _____

Is the family currently receiving financial assistance for child care from the OFC? _____ yes _____ no

Please check the program you are on: _____ NJCK _____ WFNJ

Bergen Campership Fund uses photos of children on its website and in its annual report; we do not ever use the names of children or families.

___ Yes, the Campership Fund has permission to use my child's/children's picture.

___ No, please do not use pictures of my child/children.

Parent Signature(s)/Date: _____

This section must be filled in to process the application

(THE CAMP MUST BE NJ STATE LICENSED)

Name of Summer DAY CAMP: _____

Camp Address: _____

City, State Zip: _____

Contact person for camp: _____ Telephone: _____

Dates to attend camp: From _____ To _____ Total Weeks: _____

Cost of camp **PER WEEK**: \$ _____

Please note payments will not be sent out to camps until after July 1, 2020.

Referring agency/school please complete below

Agency/School Name: _____

Agency/School Address: _____

Contact Person: _____ Phone #: _____

PLEASE NOTE: THIS APPLICATION MUST BE COMPLETED AND SUBMITTED BY THE PARENT ALONG WITH TWO (2) MOST RECENT PAYSTUBS AND/OR SCHOOL REGISTRATION, DOCUMENT STATING MEDICAL CIRCUMSTANCE.

Return application by May 1 by mail, by email: melissal@bergenvolunteers.org or in person to:

Bergen Volunteers
64 Passaic Street Hackensack NJ 07601
201-489-9454

Incomplete application will not be accepted and will be returned to the applicant.