

Camp EDMO™ DCYF 6-Week Scholarship Program
Location1- Thomas Edison Charter Academy -3531 22nd St.
Location 2 - Dolores Huerta Elementary- 65 Chenery St.
Summer 2019
June 10 – July 19

Part 1: CAMPER INFORMATION

Today's Date: _____

Child's Name _____
 (First and Last)

Gender: *Male / Female*

Birth Date (mm/dd /yy): _____

Grade Level _____
 (Entering Fall 2019)

School _____

Teacher's Name _____

Camper shirt size (Circle one): XS S M L XL
 (all shirts are Youth sized)

Which location would you like to attend? ____ Thomas Edison Charter Academy ____ Dolores Huerta Elementary

How did you hear about this program? (Circle One)

Internet Email School Community Center Other: _____

Does your child have any special needs? If yes, please specify.

Does your child require an aide at school? * Yes /No
 *If you answered "Yes" you must provide your own aid each day.

7. What language is spoken at home? _____

8. What is your child's English fluency level? Fluent Somewhat fluent Not fluent Unknown

9. What race/ethnicity does your child identify as? (Please list the region or country of ethnic background)

10. Lunch and a snack will be provided for each day of the program at no additional charge. Please circle one meal option: Regular / Vegetarian

Part 2: CONTACT INFORMATION

Primary Contact/Parent 1

Name _____
 (First and Last)

Home phone# _____

Cell # _____

Email: _____

Note: If you do not have email write "no email" and information will be provided by phone or mail. Your email address will be used to send a confirmation of your registration and for information that pertains only to camp. We keep all your contact information confidential.

Home Address (City, State, Zip):

Secondary Contact/ Parent 2

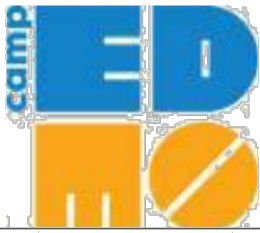
Name _____
 (First and Last)

Home phone # _____

Cell # _____

Email: _____

Home Address (City, State, Zip):



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Part 3: HOUSEHOLD/FAMILY INFORMATION

1. Do you qualify for the reduced lunch program at school? Yes / No
2. How much is your ANNUAL total household income? (Pre-tax) \$ _____
3. How many children are in your household? _____
4. Do you need extended care? (There is no extra charge) (Circle one): AM: 8-9am, Mon-Fri / PM: 3-6pm, Mon-Fri
5. How do you see this experience benefitting your child?

Part 4: HEALTH AND EMERGENCY FORM

Please fill out the Health and Emergency form and submit with application.

PLEASE RETURN ALL COMPLETED FORMS TO EDVENTURE MORE:
2295 PALOU AVE
SAN FRANCISCO, CA 94124
FAX: 415 449 6161
EMAIL: Sia@CAMPEDMO.ORG

I understand that I am applying for a scholarship and I am not automatically approved to receive a scholarship slot. I agree that if I am approved, I will:

- Fill out a Camp EDMO™ program impact survey before and after the program.
- Agree to have my child complete all Pre- and Post-camp assessments or surveys.
- Parents must attend (4) Parent Engagement Workshops (typically offered in the afternoon from 4:30-5:30.)

I also understand that my child will be dropped from the program after 4 absences.

 Signature of Primary Contact / Guardian

 Printed Name of Primary Contact / Guardian

ADMIN ONLY:

T140

T275

T3160