JOHN O. WILSON
HAMILTON NEIGHBORHOOD SERVICE CENTER, INC.
GLORIA J. STEPHENS, Executive Director

169 WILFRED AVENUE, HAMILTON, NJ 08610

Telephone (609) 393-6480
FAX (609) 393-1230
jowilson@optonline.net
www.jowilsonnsc.org

2017 SUMMER CAMP APPLICATION

"Empowering Our Youth Through Culture, Education & Recreation"

DATE: _____

PERSONAL INFORMATION **(PLEASE PRINT)**

CHILD'S NAME: _____ DOB: _____

SEX: M F AGE:____ SCHOOL _____GRADE ____

RACE: African American ____ Asian ____ Hispanic ____ Native American ____ White ____ Other ____

HEAD OF HOUSEHOLD:: _____ DOB: _____

ADDRESS: _____
Street City, State Zip

OCCUPATION: _____

EMPLOYER: _____

_____
Street City, State Zip

EDUCATION: 0-8☐ 9-12☐ HS Diploma☐ College☐

MARITAL STATUS: Single ____ Married ____ Divorced ____ Widowed ____

TELEPHONE #: (H) (____)_____: (W) (____)_____: (C)(____)_____

EMAIL**:** _____

HOUSEHOLD INFORMATION:

Homeowner _____ **Renter** _____ **Other** _____

HEAD OF HOUSEHOLD: _____ # OF PEOPLE IN HOUSEHOLD _____

NAME	AGE	SOCILAL SECURITY #	DOB	RELATIONSHIP TO CLIENT

INCOME INFORMATION: (<u>Please include total household income and submit proof</u>)

TOTAL HOUSEHOLD INCOME

List **ALL** money earned or received by everyone over the age of 18 living in your household. This includes money from wages, self-employment/business, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, ADC/FIP, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources. (Attach additional sheet if necessary.)

Household Member	Type of Income	Name and address of Employer or other source of income	Income
Total Annual Income			$

ASSET INFORMATION

List **ALL** sources of household assets including, but not limited to: Checking, Savings, Other Bank Accounts, Stocks, Bonds, CD's, Trusts, and Real Estate. Do not list non-income producing assets such as personal automobiles. (Attach a separate sheet if necessary.)

Household Member	Name and Address of Financial Institution	Description/ Type of Asset	Amount Value	Annual Actual Income

Total Asset Income	$

***Primary residents and cars, etc. are excluded from income calculation.**

This is to certify that all statements made in this Application are true to the best of my knowledge. I make this statement willingly and with full knowledge of the penalties under federal and state laws should false information be given.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

HEALTH HISTORY: (To be completed by the parent, guardian, nurse or physician)

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____
Street City, State Zip

Allergies to Medication: _____

Other Allergies: _____

Current Medication: **Y** or **N** **(If yes, complete below along with letter from doctors office regarding illness(es)**

NAME	ILLNESS	INTERVAL	LENGTH

Does the above child have (or had) any of the following conditions? **(Please check all that apply)**

Pneumonia	____	Bronchitis	____	Heart Disease	____	Heart Murmur	____
Sickle Cell	____	Jaundice	____	Liver Disease	____	Asthma	____
Hemophilia	____	Anemia	____	Diabetic	____	Rheumatic Fever	____
Chicken Pox	____	Measles	____	Rubella	____	Mumps	____
Tuberculosis	____	Seizures	____	Kidney Disease	____	Pertussis	____
Diphtheria	____	Polio	____	Mental Illness	____	Meningitis	____

Height _____ft._____in. Weight _____ lbs.

Tetanus Shot: yes no If yes, date received. _____

Vision _____OD _____ OS With corrective lenses / Without corrective lenses

PERSON(S) AUTHORIZED TO PICK UP CHILD AND/OR CONTACT IN CASE OF AN EMERGENCY; IF PARENT/GUARDIAN IS UNAVAILABLE. (Must Be an Adult)

_____
Name Relationship To Child Telephone #

_____
Name Relationship To Child Telephone #

Explanation of checked area(s): _____

_____

_____

(Use additional paper if needed and attach)

NAME: _____
Please Print Name of Person Filling out this Form <u>if other than Guardian</u>

ADDRESS: _____
Street City, State Zip

OFFICE HOURS: _____ TELEPHONE #: _____

_____ _____
Signature Date

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EMERGENCY MEDICAL TREATMENT RELEASE OF INFORMATION

I, _____the parent/guardian of _____, give permission to the staff of the John O. Wilson Hamilton Neighborhood Service Center, Inc., for all emergency treatment as a physician considers necessary in the event of illness or injury to the above child during the time that my child is enrolled in the summer camp. I also grant permission for my child to be transported for medical treatment when and if it is deemed necessary. Furthermore, I grant the release of medical information in such an event.

PRIMARY MEDICAL COVERAGE:

Company Name: _____Telephone # _____

Address:_____
Street Address City/State/Zip

Name of Primary Cardholder: _____

Name on card: _____

ID #: _____ Group #: _____

SECONDARY MEDICAL COVERAGE:

Company Name: _____Telephone # _____

Address:_____
Street Address City/State/Zip

Name of Primary Cardholder: _____

Name of Cardholder: _____

ID #: _____ Group #: _____

HOSPITAL AFFLIATION: _____ TELEPHONE #: _____

Address: _____
Street City, State, Zip

_____
Name of Parent/Guardian **(please print)** Signature Date

JOHN O. WILSON CENTER SUMMER CAMP 2017

"Empowering Our Youth Through Culture, Education and Recreation"

Parents/Guardian:

The following is a tentative schedule of trips for the Summer Camp 2017 and are subject to change. Your signature will serve as consent for your child to participate. Please cross out any activities or trips you do not want your child to participate in.

JULY 5, 2017 – August 11, 2017 $ 600.00

TUES.	JULY 4th	**Closed**	
WED.	JULY 5th	**Orientation**	HHS
THURS.	JULY 6th	**Bowling** / Reading/Arts & Crafts	Hamilton, N.J/ HHS
FRI.	JULY 7th	Recreation/ Swimming	HHS/ HHS
MON.	JULY 10th	Outside Activities	HHS
TUES.	JULY 11th	Wharton Park (Water)	Shamong NJ/HHS
Wed.	JULY 12th	**Skating**	Kendal Park /HHS
Thurs.	JULY 13th	Popcorn Park Zoo	Forked River, NJ/HHS
FRI.	JULY 14th	Recreation/ Swimming	HHS
MON.	JULY 17th	Pet Care and Safety/Activities	HHS
TUES.	JULY 18th	Outside Activities	HHS
WED.	JULY 19th	**Skating**/Recreation	Kendal Park/HHS
THURS.	JULY 20th	**Bowling** / Reading/Arts & Crafts	Hamilton, NJ / HHS
FRI.	JULY 221st	Recreation/Swimming	HHS/HHS
MON.	JULY 24th	Recreation/Arts and Crafts	HHS
TUES.	JULY 25th	**Movie Day/Recreation**	Hamilton/HHS
**WED.	JULY 26th	Clementon Park (Water)	Clementon, NJ.
THURS.	July 27th	**Kuser Park**	Hamilton/HHS
FRI.	July 28th	Recreation/ Swimming	HHS / HHS
MON.	JULY 31st	Outside Activities	HHS
TUES.	AUGUST 1st	**New Jersey State Museum -Planetarium**	Trenton, NJ
WED.	AUGUST 2nd	**Skating**/Recreation	Kendall Park / HHS
THURS.	AUGUST 3rd	**Bowling** / Arts & Crafts	Hamilton, NJ / HHS
FRI.	AUGUST 4th	Recreation / Swimming	HHS / HHS
MON.	AUGUST 7th	Clean Air Presentation/Swimming	HHS / HHS
TUES.	AUGUST 8th	**Pump It Up/Outside Activities**	Hamilton, NJ/HHS
WED.	AUGUST 9th	**Spruce Run**	Clinton, N.J.
THURS.	AUGUST 10th	**Closing Day Celebration Picnic**	HHS
FRI.	AUGUST 11th	Recreation/Swimming	HHS.

I, _____, give permission for my child, _____, to participate in all scheduled events listed above. **On some trips you may want to give your child spending money.**

**** Extended Day (Return by 5:00pm)** Amount Paid: $ _____

_____ _____

Signature of Parent/Guardian Date

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BEFORE & AFTER CARE APPLICATION
2017 SUMMER CAMP

DATE: _____

PERSONAL INFORMATION **(PLEASE PRINT)**

CHILD'S NAME: _____ **DOB:** _____

SEX: (please circle) M / F **AGE:**_____

PARENT(S) NAME: _____

PHONE: _____ **CELL:**_____ **WORK:**_____

ADDRESS: _____
Street City, State Zip

<u>Cost for Before Care and After Care</u>:

Total Cost: Before Care $ 90.00
Total Cost: After Care $150.00
Total Cost: Both – Before Care & After Care $225.00

Wednesday, July 5, 2017 through Friday, August 11, 2017 $_____ Before ( ) After( ) Both( )

Before Care: 7:30am – Until Start of Camp (*Drop-Off At the Hamilton High West)*)
After Care: 3:00pm – 5:30pm (*Pick-up from the John O. Wilson Neighborhood Center*)

I give my child permission to participate in the Before and/or After Care Services provided by the John O. Wilson Center Summer Camp. Payment to be submitted during registration.

_____
Parent/Guardian Name (Please Print)

_____
Parent Signature