

A limited number of half-summer (4 weeks) scholarships will be available to qualifying families. To qualify, you must be a Spartanburg County resident, the recipient of at least two forms of public assistance (acceptable forms listed on page 2) and not owe any fees to Spartanburg Parks for past programs. Scholarships will cover the weekly camp fees for each session. Recipients will be required to pay a \$45.00 non-refundable deposit per child, per scholarship session. If you would like for your child to attend the other half-summer session, you may do so at your expense. Scholarships will be awarded through a "Random Draw" lottery system.

Scholarship application deadline is March 16, 2018

How to Apply

Step 1: Fill out and provide all required signatures on the Summer Camp Registration & Camper Code of Conduct forms

Step 2: Fill out Scholarship Application and sign the Scholarship Agreement

Step 3: Provide verification documentation and letter of recommendation

Step 4: Turn in the above documentation to:

Cleveland Park Office
141 N. Cleveland Park Dr.
Spartanburg, SC 29303
*by appointment only
(864) 562-4150

Timken Community Center
180 Foster St.
Cowpens, SC 29330
8:00 am - 5:00 pm

Woodruff Leisure Center
550 Cavins Rd.
Woodruff, SC 29388
8:00 am - 5:00 pm

Inman Elementary ACE
25 Oakland Avenue
Inman, SC 29349
2:00pm - 5:30pm ONLY

Va-Du-Mar McMillan Park
591 McMillan Blvd.
Boiling Springs, SC 29316
*by appointment only
(864) 384-1212

You will be contacted by March 31, 2018 to inform you if your child has received a scholarship.

Scholarship Application

Child's Name: _____ Date of Birth: _____

Child's Gender (check one) Male Female

Current School: _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____

Please select preferred camp location

- Inman Elementary Upstate Family Resource Center
 Timken Community Center Woodruff Liesure Center

Please select preferred session (scholarships will be awarded for one 4 week session)

- June 11th - July 13th July 16th - August 10th Either Session
 (Closed July 2-6)

Proof of Residency

You must provide at least one proof of Spartanburg County residency. Please check the proof of residency that you are submitting with this application:

- Property Tax Statement or Lease Agreement Driver's License or Picture ID
 Voter Registration Card Utility Bill

Summer Camp Scholarship Application cont'd.

Public Assistance Program Verification

Check all programs you participate in. **You must provide copies of current verification documentation for at least two of these programs. Copies of cards are NOT considered acceptable verification.** Documentation will only be used for scholarship verification purposes.

- Medicaid - provide current verification letter

Cardholder Name: _____

- Supplemental Nutrition Assistance Program (SNAP) a.k.a. Food Stamps/EBT – provide current award letter
- Family Independence (FI) a.k.a. TANF - provide current verification letter
- Social Security Income (SSI) – provide current approval letter
- National School Lunch Program (NSLP) Free & Reduced Lunch – provide current verification letter
- Low Income Home Energy Assistance Program (LIHEAP) – provide current approval letter
- Foster Care - provide current DSS placement contract

Letter of Recommendation

You are required to submit a letter of recommendation for your child that has been provided by their teacher, principal, coach, pastor, or other community member who has had an opportunity to know and work with your child. Scholarships will not be awarded unless this letter is provided. Please check below to indicate that you have provided the letter in this packet.

- I have provided a letter of recommendation for my child.

Summer Camp Scholarship Agreement

- In order for scholarship recipients to retain or to qualify for future financial assistance, reasonable attendance is expected (at least 75%).
- Participants may be dismissed from the Summer Camp and become ineligible for future scholarship due to excessive absences (over 25%).
- All scholarship recipients must follow the current Camper Code of Conduct (included in this packet). Late withdrawals (less than one week prior to the start of the course) may result in the participant becoming ineligible for future financial assistance.

Parent/Guardian Signature: _____

Date: _____

| For Office Use Only | | |
|----------------------------|----------------|----------------|
| Date Received: | Received By: | Session: |
| Complete? | Needed Info: | Date Informed: |
| Date Awarded: | Date Informed: | Informed By: |
| Program Manager Signature: | | |



Summer Camp Registration

Was your child a participant in the ACE Program during the 2017/2018 school year? Yes No

Child's Name: _____ Child's Gender: Male Female

Age: _____ Birth Date: _____/_____/_____ Grade 2017/2018 School Year: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____

Email Address: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

DO BOTH PARENTS HAVE PERMISSION TO PICK CHILD UP? Yes No

If no, please list which parent CANNOT pick up: _____ (Proof of custody required.)

DRIVER'S LICENSE NUMBER OF PERSON RESPONSIBLE FOR PAYMENT: _____

Who has permission to pick up your child from camp? (Other than parents listed above)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

***If someone other than the parents or person listed on the registration form will be picking up your child, please notify us in advance in writing or by phone in case of emergency.**

*Anyone not listed on this form must have a "code word" to pick up your child. "code word": _____

Emergency Information

List two people we can call in case of emergency if we cannot reach you:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

My child has health issues food allergies limitations behavioral issues

If any boxes above are checked, please explain: _____

*A Medication form must be on file if your child has medicine that must be taken during summer day camp hours.

Does your child swim? Yes No Does your child require any type of additional support to be successful in this program? _____

T-Shirts

All children will receive a summer camp t-shirt, which they will be required to wear on all field trips.

Please indicate your child's t-shirt size below:

Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult XL

Program Locations

Please check your site choice:

Inman Recreation Center Upstate Family Resource Center, Boiling Springs

Timken Community Center, Cowpens Woodruff Leisure Center

Cost

Deposit: \$45.00 per child, non-refundable. Space is limited.

Weekly Fees: \$85.00 per child per week due on Monday or the first day of each week that your child attends.

If payment is not received by the end of the week, your child will not be allowed to attend the next week.

Make checks payable to Spartanburg County.

Session Dates (please select)

June 11-15 July 16-20

June 18-22 July 23-27

June 25-29 July 30 - Aug 3

July 9-13 Aug 6-10

(Closed July 2 - 6)

Medical Release

If the parent(s)/guardian and authorized physician named above cannot be reached and immediate treatment is urgent, in the judgment of camp staff, I authorize the treatment of my child by the physician or hospital most easily accessible. Notations: _____

Permission for participation in field trips and photographs

I hereby give approval for my child to participate in field trips as part of summer camp between the dates of June 11 - August 10, 2018, releasing Spartanburg County Parks Department, all staff, volunteers, and participating/sponsoring agencies of any responsibility in case of injury that may occur under proper supervision.

Participant photographed and interviewed: Spartanburg County Parks Department retains the right to use photos taken while at SCPD facilities or at events sponsored by the Department for publicity purposes.

Rules & Policies

I have received and reviewed the 2018 Summer Camp Policies and Procedures and understand I am expected to pay in full for each week I have checked.

Parent/Guardian Signature: _____ Date: _____

In order for everyone to have a safe and enjoyable summer, all campers must demonstrate good behavior and respect for others by following these basic rules:

Campers Will:

- Keep hands, feet, and objects to yourself.
- Treat other campers, staff, and visitors with respect.
- Follow the instructions of your counselor.
- Always stay with your group.
- Be kind to the environment, camp facilities, and field trip facilities.

Camp Staff Will:

- Praise, reward, encourage, and listen to the children.
- Reason with and set limits for the children.
- Provide explanations related to the child's understanding.
- Model appropriate behavior.
- Provide natural and logical consequences for misbehaviors.
- Use short, supervised periods of timeouts.

Campers Will Avoid:

- Hurting others or self.
- Leaving designated areas without permission.
- Running away from staff.
- Disrespecting staff, other campers, and visitors.
- Destruction of property.
- Cursing or profane language.
- Threatening violence.
- Jeopardizing the health or safety of others.

For safety reasons, certain behaviors cannot be tolerated. These behaviors may result in a child's suspension or dismissed from the program. If such behaviors occur, parents will be notified and will be expected to support and work with the camp staff.

----- **Please Cut And Return To Camp Staff** -----

Camper Code Of Conduct

I recognize that if I do not obey the above listed rules, my parents/guardian will be notified. I further recognize that serious misbehavior or repeated misbehavior may result in my being asked to leave camp. I also recognize that good conduct on my part will contribute to a great time for all and will be a positive reflection on my family and me.

Parent/Legal Guardian Signature: _____

Date: _____

Camper Signature: _____

Date: _____