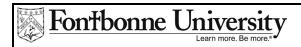


2017 campF.R.E.S.H.® Registration Form

A separate form must be filled out for each o	camper. Form may be photocopied.
Please Print Camper Name Date	of birth Grade next fall
Camper is in custodial care of:Both parents Mother onl	y Father only Other:
Custodial parent/guardian name	
Address City, Sta	ate, Zip
Daytime phone E-mail a	address
Second parent/guardian name	
Address (if different than above) City, Sta	ate, Zip
Daytime phone E-mail a	address
T-shirt size (circle one): Youth: S M L Adult: S	M L
Check preferred dates for attending: June 5-9 (Africa) July 10-14 (Europe) June 12-16 (Antarctica) July 17-21 (North Americal June 19-23 (Asia) July 24-28 (South Americal June 26-30 (Australia) POLICIES Registration and Confirmation All applications meeting the registration requirements will be accastification will indicate that we placed you on the waiting list(s). Health form deadline is June 1, 2017. A confirmation packet will be e-mailed after registration is received emergency contact, campus map, logistical information (drop off). CAMP FEES The camp fee is \$175 per week of camp and is due at time of register Please make check payable to Fontbonne University. Please mail* completed registration form with payment to:	our community. <i>Check as many as apply:</i> American Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander white Other white Other red and will include the date(s), campF.R.E.S.H.® /pick up), what to bring/not to bring and more. stration. (Pay in full by May 1, receive \$10/week discount.) Fontbonne University campF.R.E.S.H. Attn: FCS Department 6800 Wydown Blvd. St. Louis, MO 63105
*Registration and payment can be mailed or brought to the Fontbonn office in Anheuser Busch Hall, Room 126. CANCELLATION & REFUNDS	e Offiver sity department of rammy & consumer a manage
Please notify the Department of Family & Consumer Sciences, (314) 88 any registration. No refunds will be given after June 1, 2017. Refunds	
Office Use Only: Date Received Health Forms Received Allergies IEP	Payment: Amount per week
Health Forms Received Allergies IEP	
Confirmation mailed	Payments:
Notes:	Paid in Full CK #

P:	arent/guardian signature	Date	
			
	I have read and agree with the program information and give my child/ward permission to attend and p	•	•
	I will not allow my camper to attend if he/she become I do not consider him/her to be in good physical considerable him to be in good physical considerabl	, ,	isease or if for any reason
	\square I authorize the camp to administer first aid treatm	nent, to secure the services of a ph	ysician, and to notify me.
No.	Parent/guardian signature	Date	
-	camper have an Individual Education Plan (IEP) during the opy of the IEP must be included with the registration form	· · · · · · · · · · · · · · · · · · ·	□ NO
oto R	elease		
	<u>cicase</u>		
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CLAIMS RELEASE



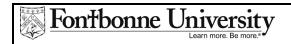
2017 camp F.R.E.S.H. Health History Form

— Deadline to return Health History Form is June 1, 2017 —

This form must be completed and signed by parents/guardians of the camper(s). All health history forms will be held in limited access by the camp F.R.E.S.H. Director or administrative staff to ensure camper confidentiality. The absolute minimal necessary information may be shared with program staff in order to provide adequate health care. The health history form will be retained by the campF.R.E.S.H. staff for the duration of camp and destroyed after camp is closed for the year.

Camper Name:		Grade in Fall Semester:
Date of birth:	Age:	
Custodial parent/guardian name:		
Address:	City, State, Zip:	
E-mail address:		
Home Phone: () Work	Phone:()	Cell Phone:()
In the event consent is needed for medical care or ing person is authorized to act on my behalf.	n a non-emergency basis or for	other matters and I cannot be reached, the follow-
Name:	F	Relationship:
Home Phone: ()		
Business Phone or Pager: ()		
Cell Phone: ()		
	HEALTH HISTORY	
We require the following health information in cas At no point will the information be used in a discri		ry, participants will be taken to the nearest hospital.
Family medical/hospital insurance carrier:	Policy or Group #:	Phone #:
Name of family physician:	Phone #:	Exchange Phone #:
Name of family dentist:	Phone #:	Exchange Phone #:
	(over)	

HEALTH HISTORY/RECU	JRRING CONDITIONS (Check each	appropriate item, giving appropr	iate dates and comments)
ALLERGIES	ADDITIONAL INFORMATION	RECURRING CONDITIONS	DISEASE/DATES
□Foods	Operation/Date	☐Ear Infections	☐Chicken Pox
□Insects		☐Heart Disease	☐Measles
□Plants		☐Kidney Ailment	☐German Measles
□Drug/Medications		□Seizures	□Mumps
□Animals		□Bronchitis	□Scarlet Fever
□Hay Fever		☐Frequent Colds	☐Rheumatic Fever
	I	□ Frequent Sore Throat	□Poliomyelitis
□Pollen		☐Stomach Upset	☐Whooping Cough
	_	□Diabetes	Other
	I	☐ Hyperactivity (ADHD)	
Date of Last Health Examinat	tion:	□Epilepsy	IMMUNIZATIONS/DATES
	ical problems noted?	☐ Hearing Impairment	
, ,	re of a physician/psychologist?	□Vision Impairment	Oral Dalia
-	ons	☐ Orthopedic Impairment	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
List priyaical activity (Estillett	ons	☐ Learning Disability	☐Td (Adult Tetanus)
Describe any medical /distant	y regimen to be continued:	☐ Asthma	☐ Mumps
Describe any medical/dietary	y regimen to be continued	☐Fainting	□ Rubella
		☐ Constipation	☐Tuberculin Test
SINCE I AST MENITH EVAN	Л, HAS THE CAMPER HAD:		□ Tuberculin Test
SINCE LAST REALTH EXAM	, has the calviren hab.		□ Tetalius
A serious illness requiring me	edical attention?		□Hib
	5 days?		☐Hepatitis B
	ure?		☐Other
Treatment in a hospital or er	mergency room?		
Any restrictions concerning p			THIS FORM MUST BE SIGNED
Exposure to a contagious dis	sease? Within the past month?	What?	
·	emphasis on food, it is helpful for the ch lislikes. Alternative foods are provided or		
	ST SIGN THE INFORMATION BELOW	ary information and Lagree to the	release of any records
necessary for treatment, refeadminister medication, and/surgery for my child. I give p	dures for handling my child's health historerral, billing or insurance purposes. In case or First Aid AND give permission to an at permission to transport my child to the rundicated on this form, why my child show	ase of emergency, I give permissic tending physician to hospitalize o nearest emergency facility for trea	on for the First Aider(s) to r secure proper treatment/ tment. I know of no reason(s),
Signature of parent/	guardian	Date	



2017 campF.R.E.S.H. Income Guidelines

campF.R.E.S.H.® has developed an income based guideline in order to determine if your family is eligible to receive financial assistance with weekly camp fees. The camp has adopted the financial guidelines for the National School Lunch program and are following family-size income criteria for determining eligibility:

INCOME ELIGIBILITY GUIDELINES

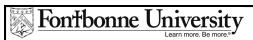
EFFECTIVE FROM JULY 1, 2016 TO JUNE 30, 2017

		Redu	ced Price	Meals		Free Meals 130% of federal poverty guidelines				
		185% of fee	leral pover	ty guideline	es					
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423	15,444	1,287	644	594	297
2	29,637	2,470	1,235	1,140	570	20,826	1,736	858	801	401
3	37,296	3108	1,554	1,435	718	26,208	2,184	1,092	1,008	504
4	44,955	3,747	1,874	1,730	865	31,590	2,633	1,317	1,215	608
5	52,559	4,385	2,193	2,024	1,012	36,972	3081	1,541	1,422	711
6	60,273	5,023	2,512	2,319	1,160	42,354	3,530	1,765	1,629	815
7	67,951	5,663	2,832	2,614	1,307	47,749	3,980	1,990	1,837	919
8	75,647	6,304	3,152	2,910	1,455	53,157	4,430	2,215	2,045	1,023
For each addition family member, add	7,696	642	321	296	148	5,408	451	226	208	104

The information on the application submitted is confidential and will be used only for the purpose of determining eligibility. A complete application is required as a condition of eligibility. A completed application will consist of (1) household income from all sources or food stamp/temporary assistance case number, (2) names of all household members and (3) signature of parent placing application for the camper. By accepting these conditions, you are allowing campF.R.E.S.H. administration to verify income at any time during the camp season.

Under the provisions of the policy, Camp Director, will review the applications and determine eligibility. If a parent is dissatisfied with the ruling made by the Camp Director, he/she may wish to discuss the decision with the determining official on an informal basis or he/she may make a request either orally or in writing to campF.R.E.S.H. Director, Fontbonne University, 6800 Wydown Blvd., St. Louis, MO 63105 for a hearing to appeal the decision.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, natural origin, sex, age, or disability.



2017 campF.R.E.S.H. Scholarship Application

List of Children in School									16 6	
Names of all children in school (First, Middle Initial, Last)	Name of School				Grade	Income	dent How often	(Legal	if a foster child responsibility of e agency/court)	
					•		•	•		
Total Household Gross Income -	Please ind	icated how	v much and	l how ofter	1					
1.Name	2. Gross ir	ncome and	how ofter	it was rec	eived				3. Check if N	0
(List everyone in the Household	Earnings	from work	Welfare, ch	nild support	Pensions,	retirement,	etirement, All other incor		Income	
Not Listed in Part1)	before de	eductions	alin	nony						
Attach add'l page if needed	Income	How often	Income	How often	Income	How often	Income	How often		
Signature										
An adult household member mu is reported. I understand that ca in this application I submit. I und give false information, my campe that prepaid for a slot in the week	mpF.R.E.S. erstand th er(s) may ii	H. [®] will be at campF.I	e distributir R.E.S.H. ® d	ng donor fu administrat	nds to help ion may ve	o reduce car erify (check)	np fees base the informa	d on infori tion. I und	mation provid Ierstand that	led by me if I purposely
Signature here: X				Printed name:				_ Date:		
Address:				City:			State:	Zip code:		