



Agassiz Village

Today's Youth, Tomorrow's Leaders

Overnight Camp Application

Agassiz Village and its qualified, professional staff are looking forward to offering an exciting and enriching summer experience for your child! In order to best prepare for your child's participation in sports camp, overnight camp, and day camps, we ask parents to complete this application with as much information as possible. Please contact our offices any time at the phone numbers below if you have questions or recommendations. We also invite you to visit our website for updates, photos, and upcoming events!

Application Instructions: The enclosed forms are collected in order to ensure the safety and well-being of every camper at Agassiz Village. Please be sure to complete all parts of the application. **FOR OVERNIGHT CAMPERS:** It is critical that we collect as much information as possible to ensure that our staff are best prepared for your child's experience. If there are any changes prior to camp (change in your child's health, medication, emergency contacts, etc.), please contact us immediately. Read the top portion of every page to ensure that you are completing all the forms that you need. For returning campers, you may not need to complete every form, so be sure to read what is needed for returning campers, new campers, teen campers, etc. The USDA Federal Food form: All overnight campers/teens need to complete, regardless of need, as the State of Maine sponsors our meals programs based on completed applications, not just those who are eligible. **All completed forms, updated physical/ immunization records, and tuition must be received at least TWO WEEKS prior to session start date.**

2010 Tuition and Scholarships: Tuition for Overnight Camp is the same for all ages, including those in the Teen Leadership Program. We do have Campership Fund support for all campers and teens to apply for. Our goal is to give every child who can benefit from our overnight programs the opportunity to do so, so please do not hesitate to complete Campership Form. **Please apply early for camp this year, as we will have limited slots; if you are seeking financial aid for overnight camp, please send in that form ASAP, as there are limited resources this year.**

Bus Fee: A \$25 fee will be collected from campers who use our transportation from Boston, to help cover some costs.

Registration: By sending in the following pages of the application and a **\$50 deposit for each session** you are requesting, a slot for your session of choice will be held, if still available upon receipt. Full approval will take place once we receive all completed forms for the program, which includes Camper Application, Health & Medication Form, and Registration for Sessions; Overnight Camp program requires additional forms. **ALL CAMPERS MUST RETURN AN UPDATED PHYSICAL, including immunization records, AT LEAST 2 WEEKS BEFORE CAMP SESSION STARTS.** Your child cannot attend camp without a current physical, a state health board requirement.

Deposits are refundable through June 1st; after that date, all deposits are non-refundable, unless Agassiz Village is unable to fulfill your session request. **All forms and final payments must be received at least TWO WEEKS prior to session start date**, or we will make your slot available to the next camper on the waiting list. Tuition payments will be refunded (minus the deposit) up to two weeks prior to session start date. After that date, no refunds for tuition.

You can also **register online** and make deposit and tuition payments securely (Visa, Mastercard, and Discover) on our website at www.agassizvillage.org. If you register online, applications will be emailed or mailed to you for completion.

EARLY PAYMENT DISCOUNT: If tuition is paid in full and postmarked by June 1st, you will receive **\$100 discount for TWO OR THREE WEEK SESSIONS & \$50 discount for ONE WEEK SESSION at Overnight camp**

Office Address:

238 Bedford Street, Suite 8
Lexington, MA 02420
Tel: (781) 860-0200
Fax: (781) 860-0352

Camp Address:

71 Agassiz Village Lane
Poland, ME 04274
Tel: (207) 998-4340
Fax (207) 998-5043

www.agassizvillage.org

AGASSIZ VILLAGE SUMMER CAMP PROGRAMS 2010

Agassiz Village offers summer programs for youth ages 8-17. Our mission is to prepare youth for life's journey, through providing challenging and enriching programs. As we celebrate our 75th year, we continue to offer quality youth programs that encourage leadership, self-confidence, and independence. These essential ideals promote a healthy attitude, cooperation, responsibility, and appreciation for the opportunities ahead. We welcome you to Agassiz Village!

You can return this application to our office or register online, as well as visit our website or contact our office to learn more about our programs in leadership and sports. Keep this cover page for reference.

Overnight Camp: ages 8-14 1 week, 2 week, 3 week sessions

- One week sessions: Monday- Friday Tuition \$350
- Two week sessions: Monday thru following Friday Tuition \$700
- Three week session: 1st Mon thru 3rd Friday Tuition \$1,050
- \$100 discount for TWO OR THREE WEEK SESSIONS and \$50 discount for ONE WEEK SESSION if paid in full by June 1st
- Financial aid available: Apply early! Send in Campership Fund form from this app.
- Location: Agassiz Village campus in Poland, Maine
- Daily activities include sports, swimming, canoeing, sailing, ropes course, crafts, hiking, environmental workshops, leadership courses, special events, camping, and more!

Teen Leadership Program: ages 15-17

Process and Stipend Program: *Please note that the application for the Teen Leadership Program includes the Camper Application, as well as special forms for Teen Leaders. This means that Teen Leaders must complete all forms of Camper Application, pay same tuition or apply for financial aid through the Campership Fund, etc. Applicants must also **complete an essay** (essay topic is noted in application packet), as well as **complete TWO letters of recommendation**, using either the sample form included in the application packet or any other standard recommendation letter or form. A phone interview will be set up to give the teen a great life experience in preparing for the future, as well as give staff insight into the best program to place the applicant.*

Stipend program: Teens who are approved for this program will spend up to 5 hours per day in support role on camp, based on their experience, application, recommendations, and interview. Stipends are paid to teens who complete the full session; if they are asked to leave the program, they will not receive a stipend. Stipends will be mailed in their name to their home address in August.

2010 OVERNIGHT CAMP DATES FOR AGES 8-17

Three Week Session AV: July 12-30	19 days	\$1,050
Two Week Sessions: July 12-23 OR July 19-30	12 days	\$700
One Week B, C, or D: Wks of July 12, 19, or 26	5 days	\$350

More dates may be added in spring 2010. Watch our website for details after April 1.

You can also contact the AV office at 781-860-0200 for information on other camp programs such as sports camps and day camps in Massachusetts.

Camper Last Name _____ **First Name** _____ **D.O.B.** _____

Gender _____ **Race/ Ethnicity (optional)** _____ **School Grade (as of Sept. '10)** _____

Custodial Parent/ Guardian Name(s) _____

Street Address _____

_____ *Street* _____ *City* _____ *State* _____ *Zip* _____

Home Phone (_____) _____ **Work Phone**(_____) _____

Cell phone (_____) _____ **Other Phone**(_____) _____

Email Address _____

If parent/ guardian(s) listed above cannot be reached in an emergency, please provide TWO additional emergency contacts below:

Emergency Contact Name 1 _____ **Phone** (_____) _____

Relationship with camper _____ **Town** _____

Emergency Contact Name 2 _____ **Phone** (_____) _____

Relationship with camper _____ **Town** _____

Sponsor Agency or Referral (if applicable) _____

Has child attended Agassiz Village before? Yes No If yes, what years? _____

If this is your child's first visit, how did you hear about us: (Check all that apply)

From friend/ family Friend/ family is an alum Website From ACA News ad

Parent/Guardian Agreement

- * I have enclosed the \$50 deposit per session. I understand that if my child does not attend, I will not receive a refund of the deposit unless I notify camp of non-attendance by June 1st.
- * I agree to pay the tuition in full (or ensure that my sponsor will pay in full) at least 2 weeks before start of the sessions my child is attending. I understand that I will not receive a tuition refund unless I cancel at least 2 weeks prior to the start of the sessions that my child is attending; if cancel within two weeks of session, deposit is held.
- * I will allow my child to participate in all activities, including trips pre-arranged by camp.
- * I will provide a current physical (within last 12 months) and up to date immunizations, as well as a doctor's approval of my child's participation in all activities at least 2 weeks prior to session start.
- * I will notify the camp of any changes from this application, such as contact numbers, emergency contacts, health issues, or any other information, as soon as they occur.
- * I agree that I will be available for the duration of my child's stay at camp, as well as provide emergency contacts that will be available during this same time.
- * I agree that if I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to administer treatment for my child.
- * I agree that if my child needs to go home for any reason, it is my responsibility to provide transportation as soon as it is needed. I understand that Agassiz Village reserves the right to dismiss camper when Camp Director considers it appropriate, if camper's behavior is interfering with program or other campers' experience, if child has special needs not fully brought to camp's attention in application process, or if child needs support outside of the scope of camp programs.
- * I authorize social service agencies, schools, clinics, doctors, etc. to release information which is necessary to best plan for my child's stay at camp.
- * I give permission for Agassiz Village to have and use photographs, slides, videotapes of the applicant as needed for records or public relations.
- * I hereby release and hold harmless Agassiz Village and its representatives from any claims, causes of action, demands, judgments, or costs of any nature whatsoever arising out of attendance at camp.

_____ **Parent/Guardian's Signature** _____ **Date** _____

Agassiz Village 2010 Registration for Overnight Sessions

Complete this form to register for overnight camp sessions, including the Teen Leadership Program.

Camper's Full Name _____ Age _____

**Overnight Camp for 8-17 year olds,
including the 12 Day Teen Leadership Program
in Poland, Maine**

Overnight Camp Programs are offered for boys & girls ages 8-10, 11-14, and 15-17. Our oldest campers, ages 15-17, participate in the Teen Leadership Program. For Day Camp programs in Maine, please contact our office at 781-860-0200. The office also has information on other camp programs, such as sports camp and Mass. day camps.

Check the sessions your child is registering for 2010:

Overnight Camp: 19 days 1st Monday through 3rd Friday \$1,050

Session AV: July 12-30

Overnight Camp: 12 days Monday through the following Friday \$700

Session 2: July 12-23 Session 3: July 19-30

Overnight Camp: 5 days Monday through Friday \$350

B: July 12-16 C: July 19-23 D: July 26-30

Transportation

Transportation from Boston is available to Campers and Teen Leaders for a \$25 fee. We use coach buses, vans, cars, and wheelchair accessible vehicles. Please let us know if you have any special needs for transportation, such as wheelchair accessibility, motion sickness, medical support, etc. when you register for camp, so we can ensure safe and appropriate transportation.

_____ No, I do not need transportation and will drop off my child directly at camp on Monday, the first day of camp, at 12noon. I will stay with my child through the check in process (approximately 15-30 minutes). I will also pick up my child on Friday, the last day of camp, at 3:00pm.

_____ Yes, my child will be using the transportation provided by Agassiz Village. I will include the \$25 fee PER SESSION for pick up in Boston at Bunker Hill Community College. I will be at the pick up site with my child at 8:00am on Monday, the first day of camp, and understand that I will remain at the pick up site throughout the check in process (approximately 30-45 minutes). I will also pick up my child on the last day at the same drop off spot on Friday, the last day of camp, at 6:00pm, and sign my child out with the appropriate staff.

If you have asked another adult to meet us at the pick up/drop off site, you must inform our staff as soon as possible, through calling the office, emailing the office, or putting in writing the name and contact information for that other adult. A form to enter this info will be available on the first day drop off.

THIS PAGE IS FOR CAMPER'S WHO WILL BE TAKING MEDICATION AT CAMP, INCLUDING INHALER OR EPIPEN. If your child is not taking medication, please skip to next page.

Camper's Name: _____

Age: _____

For Prescription Medication that will be taken at camp:

Note that Agassiz Village is not responsible for refilling medications, so be sure that your child has the amount needed for the day or days at overnight sessions. Also be sure that all medications are in their original container, as we will not be able to distribute medications otherwise. See our Camper Handbook for complete Medication policies and procedures. As a parent, I understand that

* *Medications must be sent in the original pharmacy bottle with child's correct name and correct instructions on the bottle's label, or my child will be sent home.*

* *If instructions have changed from what is written on the bottle, I will have the physician send the correct, written directions and his/ her signature and date. Otherwise, the medication will not given.*

* *All medications are kept with the medical coordinator or are locked in the health center and dispensed by health personnel. The exceptions to this are inhalers and epi-pens, as noted below.*

* *At the start of the session, I will report to health staff at registration to turn in all medication. Please keep in mind that for overnight sessions, we will not be able to give first medication until lunch time on the child's first day of camp. At the end of the session, I will see staff to pick up medications.*

* *I will inform Agassiz Village of any changes prior to and during my child's stay at camp.*

"I have read and understand the Prescription Medication policies"

Date

Parent's Signature

Please list ALL prescription medications that your child will need to take at camp. For Inhaler or EpiPen, fill out the boxes below. **Use additional copies if necessary.**

#1 **Medication Name** _____
Condition it treats _____
Dosage of Medication _____
How often/what time of day should this be administered _____
Other notes _____

Prescription Inhaler Permission

Inhalers must have child's name printed on them. Correct, written directions must be sent with them.

_____ **I request that the following inhaler(s) be kept with the medical coordinator or at health center and administered by qualified personnel as prescribed.**

Medication name _____

_____ **I request that the following inhaler(s) be kept on my child's person at all times while at camp.** I certify that my child is capable of proper self-administration of medication. I understand that if my child is using medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, the child will be taken (with medication) to the office or health center immediately and a phone call placed to parent/ guardian. I understand that Agassiz Village is not responsible for replacement of this inhaler if lost, stolen, or improperly discharged. If my child needs a replacement for any reason, I agree to bring such replacement to Agassiz Village camp (in Mass. or in Maine) immediately.

Medication name _____

Epi- Pen or Epi-Pen, Jr. Permission

_____ **I request that my child's Epi-Pen or Epi-Pen, Jr. be kept with the medical coordinator or at the health center and administered by qualified personnel as prescribed.**

_____ **I request that my child's Epi-Pen or Epi-Pen, Jr. be kept on my child's person at all times while at camp.** I certify that my child is capable of proper self-administration of medication. I understand that if my child is using medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, the child will be taken (with medication) to the office or health center immediately and a phone call placed to parent/ guardian. I understand that Agassiz Village is not responsible for replacement of this inhaler if lost, stolen, or improperly discharged. If my child needs a replacement for any reason, I agree to bring such replacement to Agassiz Village camp (in Mass. or in Maine) immediately.

Agassiz Village Camper Profile Form For New Overnight Campers

*This is for **NEW CAMPERS ONLY** and needs to be completed by a **PARENT OR GUARDIAN**.
If you are a returning camper, you do not need to return this form.*

Camper's Name _____ Age _____

Is the child your ___ Natural Child ___ Stepchild ___ Adopted Child ___ Foster Child

Does child want to attend Agassiz Village? ___ Y ___ N Has child attended overnight camp before? ___ Y ___ N

If yes, which camp and what years? _____ Any problems while at camp? ___ Y ___ N

Has child spent time away from home/ parents other than camp, such as sleepover with friends or family, etc.? How was his/her experience? Please explain. _____

What school does your child attend? _____ Does child receive any educational support? ___ Y ___ N

Does the child have any developmental, learning, or other difficulties that may affect their experience at camp? Please explain. _____

Circle as many that apply:

- | | | | | |
|--|--------|------------|-----------|-------|
| 1. Applicant responds positively to adults. | Always | Most often | Sometimes | Never |
| 2. Applicant interacts positively with peers. | Always | Most often | Sometimes | Never |
| 3. Applicant takes responsibility for actions. | Always | Most often | Sometimes | Never |
| 4. Applicant works well in group settings. | Always | Most often | Sometimes | Never |
| 5. Applicant receives constructive criticism well. | Always | Most often | Sometimes | Never |
| 6. Applicant handles challenging situations well. | Always | Most often | Sometimes | Never |
| 7. Applicant is motivated to participate. | Always | Most often | Sometimes | Never |
| 8. Applicant is a good role model for peers. | Always | Most often | Sometimes | Never |

Please check all that apply in regards to child's general nature.

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Active | <input type="checkbox"/> Irritable | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Takes Tantrums |
| <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Shy | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Frequently Cries/ Whines |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Happy | <input type="checkbox"/> Creative | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Overly Dramatic |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Friendly | <input type="checkbox"/> Impatient | <input type="checkbox"/> Teases Others | <input type="checkbox"/> Makes Friends Easily |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Seeks Constant Attention | <input type="checkbox"/> Difficulty Making Friends | |
| <input type="checkbox"/> Difficulty Following Directions Please list anything else: _____ | | | | |

Does child exhibit any of the following behaviors? If yes, please explain.

- | | |
|--|---|
| 1. Fear of Night/ Dark? ___ Yes ___ No | 6. Sleepwalking? ___ Yes ___ No |
| 2. Biting others or self? ___ Yes ___ No | 7. Soiling? ___ Yes ___ No |
| 3. Bedwetting? ___ Yes ___ No | 8. Stealing? ___ Yes ___ No |
| 4. Nightmares? ___ Yes ___ No | 9. Firesetting? ___ Yes ___ No |
| 5. Fear of Water? ___ Yes ___ No | 10. Enjoys Water Activities? ___ Yes ___ No |

Please circle swimming ability. Note: All campers are tested for swimming ability on first day and are supervised at all times on waterfront by certified adult lifeguards.

Non-swimmer Beginner Swimmer Intermediate Advanced

Does child currently receive counseling? ___ Y ___ N Has child had any traumatic experiences? ___ Y ___ N
Is there any additional information you feel would be helpful for us to know about the child? _____

Parent's Signature: _____ **Date:** _____

Agassiz Village**Recommendation from Adult**

*This is for **NEW CAMPERS AND TEEN LEADERS ONLY** and needs to be **COMPLETED BY AN ADULT OTHER THAN PARENT**. If you are a returning camper, you do not need to return this form. If parent completes, we will need to return to you to find other adult, such as teacher, coach, etc. to complete for your child. If you are a returning camper, you do not need to return this form UNLESS you are applying for the Teen Leadership Program **for the first time**. The assessment and information will assist our staff and program to better meet this child's needs. All information will be kept confidential and discussed only with appropriate staff, and only as needed. **For new Teen Leadership applicants**, you can use this as one of the two recommendations you need to provide as part of your application; you must also provide a 2nd recommendation, using a copy of this form or requesting a written recommendation from an adult.*

Camper's or Teen's Name _____ **Age** _____

Name of Person making recommendation: _____

How long and in what capacity do you know applicant? _____

Please review the following when considering applying for Agassiz Village programs, or recommending a child to the summer camp:

The Agassiz Village staff and program are designed to work best with

- ◇ Campers who enjoy/ are interested in an outdoor recreational/ educational program
- ◇ Campers who are respectful of him or herself, other children, and staff
- ◇ Campers who are motivated to do their best
- ◇ Campers who are able to follow directions, and work as a team member
- ◇ Campers who are interested in new experiences and meeting new people, and respond positively to these

The Agassiz Village program is not designed or appropriate for

- ◇ Campers who use have a history of aggression, physical or verbal abuse, or other unsafe and inappropriate behaviors towards self, other children, or adults
- ◇ Campers who are unable to follow directions for the safety of self and others, as well as established rules, guidelines, and schedule
- ◇ Campers who are unable to handle self appropriately in a group setting
- ◇ Campers who have no interest in attending camp, or getting involved in outdoor programs, or new experiences
- ◇ Campers who have difficulty controlling their actions, anger, or other emotions
- ◇ Campers who have behavioral, mental, or psychological special needs

Campers leaving early, because of inappropriate behavior or other difficulties, is tough for all involved: the camper, the family, the Agency Sponsor, and Agassiz Village. Many times these situations can be avoided by considering these guidelines. Agassiz Village reserves the right to terminate a child's stay at camp at our discretion. The time at camp can have a lasting positive impact on every camper, from creating new friendships, to encouraging new experiences, to learning new skills. Through a fun-filled active schedule, we promote healthy interaction and growth among the campers we serve. We hope every child that attends can take advantage of these opportunities.

Please check all that apply in regards to child's general nature.

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Active | <input type="checkbox"/> Irritable | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Takes Tantrums |
| <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Shy | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Frequently Cries/ Whines |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Happy | <input type="checkbox"/> Creative | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Overly Dramatic |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Friendly | <input type="checkbox"/> Impatient | <input type="checkbox"/> Teases Others | <input type="checkbox"/> Makes Friends Easily |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Seeks Constant Attention | <input type="checkbox"/> Difficulty Making Friends | |
| <input type="checkbox"/> Difficulty Following Directions Please list anything else: _____ | | | | |

Please continue to read and SIGN the next page of this Recommendation. There is room for additional comments as well, for any information you feel would be helpful for us to know about the child.

Camper's or Teen's Name _____

Age _____

Circle as many that apply, answer as best you can:

1. Applicant responds positively to adults.	Always	Most often	Sometimes	Never
2. Applicant interacts positively with peers.	Always	Most often	Sometimes	Never
3. Applicant takes responsibility for actions.	Always	Most often	Sometimes	Never
4. Applicant works well in group settings.	Always	Most often	Sometimes	Never
5. Applicant receives constructive criticism well.	Always	Most often	Sometimes	Never
6. Applicant handles challenging situations well.	Always	Most often	Sometimes	Never
7. Applicant is motivated to participate.	Always	Most often	Sometimes	Never
8. Applicant is a good role model for peers.	Always	Most often	Sometimes	Never

Does applicant exhibit any of the following behaviors? If yes, please explain.

1. Fear of night/ dark? ___Yes ___No	2. Sleepwalking? ___Yes ___No
3. Biting others/ self? ___Yes ___No	4. Soiling? ___Yes ___No
5. Bedwetting? ___Yes ___No	6. Stealing? ___Yes ___No
7. Nightmares? ___Yes ___No	8. Firesetting? ___Yes ___No

To your knowledge, is there any reason why you would not recommend this applicant for overnight camp programs or for the Teen Leadership Program?

Is there any additional information you can provide that will help us with our decision to place this applicant in this program, or to help our staff be best prepared for this applicant at overnight camp?

Please share any examples of leadership, volunteerism, or other positive values you have observed in this applicant.

To the best of my knowledge, the information contained on this form is correct. I have reviewed camp expectations and I recommend the above applicant for Agassiz Village camp.

Printed Name and Title of Person completing this form

Agency Name/ Phone Number

*Signature

Date

***The person completing this form is recommending this camper or teen for the Agassiz Village program. An adult, OTHER THAN THE PARENT, must complete this form for new participants only.**

Agassiz Village
Campership Fund Request for Camps & Teen Leadership Program

Any families who are applying for tuition assistance need to complete this form.

Please return this with the first two pages of the camper application, which includes your contact info, your session date requests, and other pertinent information.

Only one form per family needs to be submitted for financial aid. Please list the names of all children applying for Agassiz Village. Agassiz Village's goal is to ensure that every child has the opportunity to attend overnight camp, regardless of financial circumstances. Please complete the following application to assist us in determining how we can reach this goal. We recommend that you send in a deposit of \$50 by June 1st, to save your first choice session. This deposit can be reimbursed if an agency pays full tuition.

All families who return this form and \$50 deposit by June 1st will be considered for financial aid. After this date, requests will be reviewed on a first come/ first served basis, with the remaining Campership Fund allocations.

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Custodial Parent's/ Guardian's Name _____

Email Address _____

Note which session(s) child(ren) is applying for the following OVERNIGHT CAMP DATES: _____

1. Has child(ren) attended Agassiz Village before? _____ Yes, in what years? _____ No

2. Is child applying for Agassiz Village through a Sponsor Agency, or is there a possible sponsorship through another agency? _____ Yes, name of agency: _____ No

3. Please circle the family's total household annual income for 2010 (for all adults over 18):

Less than \$25,000 \$25,000-\$40,000 \$40,000-\$60,000 Over \$60,000

4. Please list how many family members lived in the household in 2010 _____

5. Does family receive federal assistance, Food Stamps, TAFDC, or other? _____ Yes _____ No

6. The actual cost for a child to attend one 12-day Overnight Camp session is over \$1,200; the cost for 5-day Overnight session is over \$600. Agassiz Village has already reduced the cost to \$700 and \$350 respectively. In addition, an early payment discount of \$100 for TWO WEEK SESSION and \$50 for ONE WEEK SESSION is available, if tuition is paid in full by June 1st.

Please indicate how much you can contribute towards tuition **per session per child**: \$ _____
If no amount is entered, we cannot consider your family for financial aid.

Please note any other information regarding circumstances that may help us determine a campership fund amount. You can attach paper for additional info, forms, documentation, etc.

"To the best of my knowledge, the information contained on this form is true and correct."

Parent's Signature: _____ **Date:** _____

Agassiz Village
Teen Leadership Program Application for ages 15-17

14 year olds must be approved by Camp Director or Executive Director to apply for this program.

All NEW applicants for the Teen Leadership Program must complete this form him or herself. Parents, please do not fill out this form; just sign after you review. Teen applicants must also return **2 recommendations**- you can use the Recommendation form enclosed or ones written by an adult. Lastly, you need to complete an **essay**; the question is at the bottom.

NOTE: The 2010 Teen Leadership Program tuition rate is \$700 per session- please fill out a CAMPERSHIP APPLICATION to apply for reduced tuition rate. All teens who complete their session will receive a stipend for their participation.

Teen's Name: _____ Date of birth: _____ Gender: _____

Email address: _____ Cell phone: _____

High School: _____ Fr. ___ Soph. ___ Jr. ___ Sr.

Prior camp(s) attended and years: _____

Work and Volunteer Experience:

Employer/ Organization	Position	Dates	Responsibilities
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Please answer the following questions honestly and with thought. If you are a returning camper, you can include your experiences at AV. Attach additional paper if needed.

Share the unique contributions or talents you could personally bring to the program.

Describe your goals and objectives for participating in this program.

Describe any experience you have had with individuals who have disabilities.

Name any of the challenges or concerns you may have in participating in this program.

Is there anything else that you'd like us to know? Do you have any questions/ concerns/ ideas?

In order to protect all children who attend camp, we must ask the following question:

Have you ever been convicted or pled guilty to any felony or misdemeanor? _____ Yes ___ No

If yes, please identify the offense(s) and dates of the conviction or plea: _____

A CORI (Criminal Offender Record Information) check may be completed by Agassiz Village in accordance with the State of Mass. and Maine's regulations.

"I have completed this form and wrote the attached essay myself, as well as included 2 forms of recommendation that I requested myself from teachers, coaches, clergy, etc.."

Teen Signature: _____ Date: _____

"I agree to support my child's interest to participate in the Teen Leadership Program. I have read my child's essay for this program."

Parent/Guardian Signature: _____ Date: _____

2010 Essay Topic: Everyone seems interested in "going green". Please share your ideas on how you can make a difference in this area in realistic ways that can be done right now, today!