

Part 2 – Session Registration for WEEKEND & WEEKLONG CAMP 2021-2022

Fee Worksheet

THIS FORM MUST BE COMPLETED FOR EACH CAMPER

Please complete the fee chart below to determine camper’s total fee. Once completed, you may contact the office to register for additional weekend camp sessions.

Camper Name: _____

List below the appropriate session fee(s) that camper will be attending.

Weekend Camp Session 2021-2022			Rate	Fee
Weekend 1	October 15-17, 2021	<input type="checkbox"/>	\$375.00	\$
Weekend 2	November 5-7, 2021	<input type="checkbox"/>	\$375.00	\$
Weekend 3*	December 17-19, 2021*	<input type="checkbox"/>	\$375.00	\$
Weekend 4	January 14-16, 2022	<input type="checkbox"/>	\$375.00	\$
Weekend 5	February 11-13, 2022	<input type="checkbox"/>	\$375.00	\$
Weekend 6*	March 18-20, 2022*	<input type="checkbox"/>	\$375.00	\$
Weekend 7	April 22-24, 2022	<input type="checkbox"/>	\$375.00	
Weeklong Camp Sessions 2021-2022			Rate	Fee
Winter Camp	December 12-19, 2021	<input type="checkbox"/>	\$1,200.00	
Spring Camp	March 13-20, 2022	<input type="checkbox"/>	\$1,200.00	
TOTAL DUE				\$
BALANCE DUE 14 DAYS PRIOR TO FIRST SESSION ATTENDING				
*Do NOT register for BOTH December or March weekend AND weeklong session - weeklong camp sessions INCLUDES the weekend				
A \$200 deposit per session is required to hold the session. Deposits are non-refundable once camper is accepted into the camp program.				Deposit Enclosed \$

By signing below I acknowledge:

- All camp fees, including deposits, are non-refundable once camper is accepted into the camp program.
- That if camper submits an application along with payment and the camper is deemed ineligible to attend Camp by Easterseals Florida management prior to session, the deposit check, and any other funds, will be returned in full.
- That if camper fails to complete their scheduled camp session(s) for any reason, or gets sent home from camp for any reason, no refund or credits will be given.
- That all camp fee payments will be forfeited for campers who fail to attend assigned session(s).
- Campers using CDC+ must add Easterseals Florida as payee to have funds sent directly to ESF. If ESF is not added as payee, all fees must be paid in advance by the appropriate deadlines.

Signature of legal guardian

Printed name of legal guardian

Date

*Signature of payer
(If different than person above)*

Printed name of payer

Date

Part 2 – Session Registration for OVERNIGHT SUMMER CAMP 2022 Fee Worksheet

Must be completed and signed even if camper is applying for financial assistance

THIS FORM MUST BE COMPLETED FOR EACH CAMPER

Please complete the fee chart below to determine camper's total fee, even if you are applying for financial aid. Financial aid is limited, dependent on availability, and not guaranteed.

Camper Name: _____

List below the appropriate session fee(s) that camper will be attending.

1. Payment By Session
2. Add in \$50 supply fee for FIRST session and \$30 for EACH additional session
3. Subtract \$150 from EACH session if paying IN FULL by **February 15th**
4. Then total all lines at bottom:

Summer Sessions 2022			Rate	Fee
Session 1 (6 nights)	June 12-18 (ages 18 and up)	?	\$1,023.00	\$
Session 2 (12 nights)	June 19-July 1 (ages 18 and up)	?	\$2,046.00	\$
Session 3 (12 nights)	July 3-15 (ages 18 and up)	?	\$2,046.00	\$
Session 4 (6 nights)	July 17-23 (ages 16-24)	?	\$1,023.00	\$
Session 5 (6 nights)	July 24-30 (ages 6-18)	?	\$1,023.00	\$
Supply Fee (First Session Attended)			\$50	\$
Additional Session Supply Fee			\$30 x additional sessions	\$
TOTAL DUE				\$
BALANCE DUE NO LATER THAN MAY 15, 2021				
*FEBRUARY 15, 2021 IF USING THE EARLY BIRD DISCOUNT (Subtract \$150 per Session)				
A \$350 deposit <u>per session</u> is required to hold the session. Deposits are non-refundable once camper is accepted into the camp program.				Deposit Enclosed \$

By signing below I acknowledge:

- All camp fees, including deposits, are non-refundable once camper is accepted into the camp program.
- That if camper submits an application along with payment and the camper is deemed ineligible to attend Camp by Easterseals Florida management prior to session, the deposit check, and any other funds, will be returned in full.
- That if camper fails to complete their scheduled camp session(s) for any reason, or gets sent home from camp for any reason, no refund or credits will be given.
- That all camp fee payments will be forfeited for campers who fail to attend assigned session(s).
- Campers using CDC+ must add Easterseals Florida as payee to have funds sent directly to ESF. If ESF is not added as payee, all fees must be paid in advance by the appropriate deadlines.

Signature of legal guardian

Printed name of legal guardian

Date

*Signature of payer
(If different than person above)*

Printed name of payer

Date

Campers Using CDC+ Funding

Client CDC Number: _____

- A CDC+ Authorization must be provided.
- Easterseals Florida MUST be named the payee and the funds MUST be submitted directly to Easterseals. (Camp will provide the necessary paperwork).
- If for any reason Easterseals is not made a payee on the CDC+ account, payment must be received prior to attendance at camp.
- Any monies not paid by CDC+ will be the responsibility of the camper or legal guardian.

Payment Information

Payment Options	<input type="checkbox"/> By Check/Money Order	<input type="checkbox"/> By Credit Card:
	Make checks payable to Easter Seals Florida	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
	Mail to: Easter Seals Florida - Camp Challenge 31600 Camp Challenge Road Sorrento, FL 32776	Credit Card # _____ v-code# _____ Exp. Date ____/____/____ Card Holder Name _____ Signature _____ Amount to be Charged: \$ _____ Summer Camp Only – Camp Store: \$ _____
<input type="checkbox"/> Pay by phone: Contact the Camp Office at 352.383.4711 Monday to Thursday between 9:00 am and 3:30 pm.		

Easterseals Florida Financial Assistance

Easterseals Florida’s (ESF) work is driven by its purpose to make profound, positive differences in the lives of people with disabilities every day.

ESF makes financial assistance available, as finances permit, for its services to individuals with disabilities, for whom outside funding is unavailable and the services are beyond the scope of the individual/families financial means.

ESF believes that a strong sense of ownership, commitment and pride is developed if the financial assistance recipient has contributed to the cost of services, therefore, all financial assistance recipients will pay a portion of the cost of services. Volunteer hours may also be required by the program.

Assistance is granted strictly within the current fiscal year of ESF. Recipients may reapply within 30 days of the expiration of the current award.

How to Apply:

Applicants must complete all sections of the Financial Assistance Application. Please do not leave any spaces blank. Documentation from all sources of income must be provided.

Required documentation:

- A copy of your most recent IRS income tax return (if status is married filing separately, both forms are required)
- If you do not file a tax return, documentation of your income - for example: a copy of your SSI letter

You must apply (submit completed application and required documentation), with the Camp office receiving all information by **April 15th**. You will receive determination by March 31st. Any Financial Assistance applications and required documents received after April 15th will be considered based on availability of funds. Incomplete packets will not be considered.

All information contained in the Financial Assistance Application will remain confidential.

Financial Assistance Application

Program: EASTERSEALS CAMP CHALLENGE – SUMMER OVERNIGHT CAMP ONLY

Date: _____

Camper/Client: _____

Parent/Caregiver/Guardian: _____

Address _____

Email: _____

Phone: _____ County of Residency _____

New Client: Existing Client:

Client IRS Tax Status: Files own return Claimed as dependent by _____

Total # of Exemptions from last IRS 1040/1040EZ: _____

Total Adjusted Gross Income from last IRS 1040/1040EZ: \$ _____

Current monthly gross income: \$ _____

Here's why it changed: _____

Special Circumstances: _____

Total number of household members: _____

Are there any other sources of household income? _____

VERIFICATION AND AUTHORIZATION

I declare that all of the information I have provided on this request for financial assistance is complete and accurate to the best of my knowledge. I understand incomplete applications (including those missing required documentation) will not be processed. In addition, I attest that I have sought all available third-party funding available and agree to comply with the requirements of funders to obtain all third-party funding, if qualified.

Signature of Client/Representative: _____ Date: _____

Office Use Only

Financial Assistance funding source: _____

Service: _____ Frequency: _____

Total amount approved: \$ _____ Start Date: _____ End Dates: _____

Approved by (Director): _____ Date: _____

Approved by Sr. VP (Over 25%) _____ Date: _____