



January 2010

Dear Parent/Guardian:

Thank you for your interest in Camp Sojourner, Girls' Leadership Camp! We are very excited to be offering our camp program to Philadelphia girls this summer, where girls enjoy activities such as swimming, boating, dancing, hiking, archery, campfires, teams course, drawing, drumming, creative writing, and wood working. (Please see our website for pictures: [www.girlsleadershipcamp.org](http://www.girlsleadershipcamp.org).) Camp Sojourner's mission is to provide 8-14-year-old girls in the Philadelphia area with an affordable overnight camp experience, focusing on team building, leadership development, creative arts, and appreciation of nature. We also provide year-round leadership development opportunities for teenage girls ages 15-17, and we believe in helping girls to develop as people and leaders, who take charge of their own lives and are engaged in making a positive impact on their families, neighborhoods, and communities. We hope your daughter will join us this summer!

**Our camp session this summer will run from Monday, June 28<sup>th</sup> through Friday, July 2<sup>nd</sup>.**

Camp tuition is on a sliding scale from \$200 to \$500, depending on family size and income. Some scholarships are available. Transportation from Philadelphia to camp will be provided. Campers will leave Philadelphia at 8:30am on Monday, June 28<sup>th</sup> and will return at 5:00pm on Friday, July 2<sup>nd</sup>, from our camp office at 48<sup>th</sup> and Baltimore.

Enclosed is an application packet, which includes a camper application, parent/guardian questionnaire, camper letter, and summer food program form. Complete application packets, most recent report card, and application fee should be mailed or dropped off at the camp office:

Camp Sojourner, Girls' Leadership Camp  
801 S. 48<sup>th</sup> St.  
Philadelphia, PA 19143

### **Applying to Camp Sojourner**

- Applications are accepted on a rolling basis beginning February 15, 2010.
- A complete application consist of:
  - Application forms: camper application, parent questionnaire, camper letter, and summer food program form.
  - \$25 application fee (cash or money order only, no personal checks). Fee will be applied towards camp tuition once your child is accepted into our camp program. If for some reason Camp Sojourner does not turn out to be a good fit for your child, your application fee will be returned.
  - A copy of your child's most recent report card.

### **Once we have received your application**

- We will contact you to schedule an orientation and interview at our camp office.
- After the interview, if camp seems like a good mutual fit for your child, we will determine what the appropriate tuition will be for your family. Our tuition is on a sliding scale is from \$200-

\$500, depending on your family income and number of people in the household. The application fee you have already paid will be applied to your tuition. Scholarships are available on a limited basis.

- Health forms and tuition payment(s) must be received by June 1st in order to hold your daughter's place at camp.

Please feel free to contact us with any questions about completing the application process or about our program. Alisha Berry, Camp Director, can be reached at (215) 951-0330 x 2180, or at [alisha@girlsleadershipcamp.org](mailto:alisha@girlsleadershipcamp.org).

We hope your child will join Camp Sojourner, Girls' Leadership Camp this summer!

Sincerely,

Alisha Berry and Kandace Thomas  
Camp Sojourner Directors

***Contact:***

Alisha Berry, GLC Director

phone: (215) 951-0330 x2180

fax: (215) 724-6302

email: [alisha@girlsleadershipcamp.org](mailto:alisha@girlsleadershipcamp.org)

mail: Camp Sojourner, Girls' Leadership Camp  
801 S. 48<sup>th</sup> St.  
Philadelphia, PA 19143



# Camp Sojourner Girls' Leadership Camp

### FOR OFFICE USE ONLY

Summer Food Eligible \_\_\_\_\_  
App Fee \_\_\_\_\_  
Camp Fee \_\_\_\_\_  
Health Forms \_\_\_\_\_  
Interview Date \_\_\_\_\_  
Pre-Survey \_\_\_\_\_  
Post-Survey \_\_\_\_\_

## 2010 SUMMER PROGRAM CAMPER APPLICATION

All information requested on this form is confidential

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Regular \_\_\_\_\_ Special Education Class \_\_\_\_\_  
How did you hear about Camp Sojourner/ Girls' Leadership Camp? \_\_\_\_\_

### PARENT INFORMATION (please complete ALL information here that applies to this child)

**Mother's Name:** \_\_\_\_\_ Primary Contact person?  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Primary Contact person?  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Primary Contact person?  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY CONTACTS (List at least 3)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### PARENTAL PERMISSION:

• I certify that I am the legal guardian of the child named above and all information that I have provided to Camp Sojourner/GLC, which includes the above and additional forms, is true, correct and complete to the best of my knowledge.

• I consent to our/my daughter's participation in all activities as described in the Camp Sojourner brochure and website.

• Girls' Leadership Camp and its associates have my permission to take and use any photographs, movies or videotapes of our/my child participating in any program or program related to activities in any and all media. I also release any and all rights, title and interest we or the child may have in said photographs, movies or videotapes, finished picture, reproductions, copies or negatives of the same in connection with such uses. Photocopies and facsimiles of this release and consent will have the same legal effect as the original.

• I understand that application fees are not refundable, unless my child is not accepted for the program. Refunds for Camp Sojourner tuition are given for cancellations made within two weeks before the child's departure date.

• **If it becomes necessary for my daughter to return home early, Girls' Leadership Camp will not refund monies collected for the remainder of the session. I will also be responsible for pick up and all travel costs if my child gets sent home by Girls' Leadership Camp.**

• If I am not available during my daughter's duration at camp, it is my responsibility to provide Girls' Leadership Camp with my contact information, including an accessible telephone number.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



Camp Sojourner  
Girls' Leadership Camp

## CAMPER LETTER

Please have your child write a brief essay on why she wants to go to Camp Sojourner.

MY NAME IS \_\_\_\_\_ AND I AM \_\_\_\_\_ YEARS OLD. MY FRIENDS CALL ME \_\_\_\_\_  
\_\_\_\_\_. I LIVE IN \_\_\_\_\_

(Town or City)

I HAVE \_\_\_\_\_ BROTHERS AND \_\_\_\_\_ SISTERS. I HAVE BEEN TO \_\_\_\_\_ CAMP BEFORE.

I \_\_\_\_\_ CAMP BECAUSE \_\_\_\_\_  
(liked/ did not like)

### **I WANT TO GO TO CAMP SOJOURNER BECAUSE...**

SOMETHING I'M REALLY GOOD AT IS... \_\_\_\_\_

SOMETHING I WOULD LIKE TO LEARN IS.... \_\_\_\_\_

WHEN I FEEL SAD, I LIKE IT WHEN PEOPLE COMFORT ME BY...

I WANT TO LIVE WITH A COUNSELOR WHO IS...

I AM CONCERNED ABOUT... \_\_\_\_\_

*Thank you for letting us know about you!*

Signature of Camp Sojourner Applicant

Date

# CAMP SOJOURNER PARENT QUESTIONNAIRE

To be completed by Parent / Guardian

Applicant's Name \_\_\_\_\_

Directions: The information provided on these pages will assist us in providing a positive experience for your child. Please answer the questions by circling the entire letter (s) or filling in the appropriate blanks of all items which apply to your child. All profiles will be handled and discussed confidentially and will be seen only by the appropriate staff. APPLICATIONS CANNOT BE PROCESSED UNLESS THE CAMP SOJOURNER PARTICIPANT PROFILE IS COMPLETELY FILLED OUT AND SIGNED BY PARENT OR LEGAL GUARDIAN. Please contact the Camp Sojourner/ Girls' Leadership Camp office if you have any questions concerning this application, or if there are questions that you do not understand.

1. My child:
  - a. is a little apprehensive about camp
  - b. is happy to go to camp
  - c. has never been to camp before
  - d. has been to camp before:  
Where? \_\_\_\_\_
  - e. If she has been to camp before, how was her experience? \_\_\_\_\_
2. At home my child usually plays:
  - a. with a small group of friends
  - b. alone
  - c. with older children
  - d. with younger children
  - e. with same-age children
  - f. with mixed-age children
3. My child has:
  - a. lots of close friends
  - b. very few close friends
  - c. one close friend
  - d. no close friends
4. My child:
  - a. likes to participate in a variety of activities
  - b. is hesitant about trying new activities
  - c. does well in structured activities
  - d. does well in unstructured activities
5. My child is interested in:
  - a. sports
  - b. nature
  - c. music
  - d. reading
  - e. camping
  - f. swimming
  - g. arts and crafts
  - h. other \_\_\_\_\_
6. My child:
  - a. likes most water activities
  - b. has a fear of water activities
  - c. has never experienced water activities
  - d. knows how to swim a little
  - e. is an excellent swimmer
7. My child:
  - a. respects and responds well to people in authority
  - b. does not respond well to people in authority
  - c. is very independent
  - d. is somewhat independent
  - e. is very dependent
  - f. is somewhat dependent
8. The following things make my child very angry:
  - a. being teased
  - b. not getting her way
  - c. being asked to do a chore
  - d. following rules
  - e. losing in competition
  - f. not doing something well
  - g. being criticized
  - h. usually does not get very angry
9. When my child is angry, she:
  - a. cries
  - b. sulks
  - c. fights
  - d. throws things
  - e. seeks revenge
  - f. other \_\_\_\_\_
10. Please indicate with a check your child's current general disposition and behaviors:

___ active	___ easily frustrated
___ irritable	___ frequently cries
___ happy	___ seeks constant attention
___ curious	___ tantrums when angry
___ withdrawn	___ has difficulty with siblings
___ fear of the night	___ makes friends easily
___ other _____	
11. My child:
  - a. sleepwalks
  - b. has nightmares
  - c. has a fear of the dark
  - d. have other specific fears (animals, etc.) \_\_\_\_\_
12. My child:
  - a. has never wet her bed
  - b. has wet the bed in the past
  - c. presently has episodes of bedwetting

If yes, how often and how is this handled at home?  
What suggestions do you have for her at camp?

\_\_\_\_\_

\_\_\_\_\_
13. In school, my child is in
  - a. regular classes
  - b. mainstreamed classes in subjects: \_\_\_\_\_
  - c. special classes \_\_\_\_\_
  - d. special school \_\_\_\_\_

If you circled b, c, or d, what is the educational diagnosis of your child? \_\_\_\_\_

14. Circle any recent changes (in the past 2 years) that your child is adjusting to:
- a. new home
  - b. new school
  - c. new brother/sister
  - d. loss of parent's job
  - e. death of \_\_\_\_\_
  - f. divorce or separation of parents
  - g. marriage of \_\_\_\_\_
  - h. homelessness
  - i. loss of a close friend
  - j. loss of a pet
  - k. incarceration of family member
  - l. long illness, of herself or family member
  - m. foster care
  - n. bullied/teased at school
  - o. other \_\_\_\_\_

15. When my child is upset she likes to be comforted by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. I usually discipline my child by:

\_\_\_\_\_

17. One specific goal that I would like my child to accomplish this summer is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. What specific suggestions do you have to make your child's transition to camp a good one?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. My child receives counseling:

- a. in school
- b. out of school
- c. individually
- d. in group counseling
- e. does not receive any counseling

Why is she in counseling?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has she been in counseling? \_\_\_\_\_

How often does she go to counseling? \_\_\_\_\_

If she receives counseling and will miss a session while she is at camp, how will she respond?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Is there anything else you would like us to know about your child?

RACIAL / ETHNIC IDENTITY: OPTIONAL (This information is confidential and is not used for eligibility purposes; it is for data tracking and reporting.)

- ( ) White/Caucasian      ( ) Black or African-American      ( ) Hispanic/Latina      ( ) Asian or Pacific Islander
- ( ) Native American Indian      ( ) Multiracial      ( ) Other: \_\_\_\_\_

**To the best of my knowledge, the information contained in this profile is correct.**

Signature of Parent or Legal Guardian

Date

## 2010 SUMMER FOOD SERVICE PROGRAM

### LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (U.S.D.A.), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2009 to June 30, 2010  
**FAMILY SIZE/INCOME SCALE  
FOR FREE MEALS**

(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS		
	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,973	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
<b>Each Additional Family Member</b>	<b>+6,919</b>	<b>+577</b>	<b>+134</b>

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

Nondiscrimination Statement: The Summer Food Service Program is a federal program of the Food and Nutrition Service, United States Department of Agriculture. It is operated in accordance with U.S.D.A. policy, which does not permit discrimination because of race, color, national origin, disability, age or sex in the meal service, admissions policy, ability to pay or use of the Summer Food Service Program facility. Any person who believes that he or she has been discriminated against in any Director USDA, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). "USDA is an equal opportunity provider and employer."

Please help maintain quality nutrition on a regular basis for your child. Thank you for your cooperation.

Alisha Berry, Director, Camp Sojourner Girls' Leadership Camp

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Signature of Institutional Representative

# 2010 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: Camp Sojourner, Girls' Leadership Camp

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by \_\_\_\_\_ . An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: \_\_\_\_\_.

**1 ENROLLMENT INFORMATION**  
 Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name First Name

**2 FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.**  
 If this is a foster child, check this box . Write the child's monthly personal use income. Write "0" if the child has no income \$ \_\_\_\_\_.

**3A HOUSEHOLDS NOW GETTING FOOD STAMPS OR TANF BENEFITS FOR THEIR CHILDREN – Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**3B ALL OTHER HOUSEHOLDS – If you did not write a Food Stamp/TANF case number nor checked Foster Child, complete this part and sign the application in Part 4.**

NAMES  List the Names of Everyone in Your Household	MONTHLY INCOME				
	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
	Job 1.	Job 2.			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$

**4 SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.**  
**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the Food Stamp number or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE OF ADULT HOUSEHOLD MEMBER HOME ADDRESS

\_\_\_\_\_ SOCIAL SECURITY NUMBER\* TOWN/CITY ZIP CODE

\_\_\_\_\_ PRINTED NAME OF ADULT SIGNING APPLICATION DATE SIGNED HOMETELEPHONE WORK TELEPHONE

**5 RACE/ETHNIC IDENTITY: You are not required to answer this question.**

- WHITE, not of Hispanic Origin       BLACK, not of Hispanic Origin       HISPANIC
- ASIAN or PACIFIC ISLANDER       AMERICAN INDIAN OR ALASKAN NATIVE

**PRIVACY ACT STATEMENT:** SECTION 9 OF THE NATIONAL SCHOOL LUNCH ACT REQUIRES THAT, UNLESS YOUR CHILD'S FOOD STAMP OR TANF CASE NUMBER IS PROVIDED, YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER SIGNING THE APPLICATION OR INDICATE THAT THE HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER. PROVISION OF A SOCIAL SECURITY NUMBER IS NOT MANDATORY, BUT IF A SOCIAL SECURITY NUMBER IS NOT GIVEN OR AN INDICATION IS NOT MADE THAT THE SIGNER DOES NOT HAVE SUCH A NUMBER, THE APPLICATION CANNOT BE APPROVED. THE SOCIAL SECURITY NUMBER MAY BE USED TO IDENTIFY THE HOUSEHOLD MEMBER IN CARRYING OUT EFFORTS TO VERIFY THE CORRECTNESS OF INFORMATION STATED ON THE APPLICATION. THESE VERIFICATION EFFORTS MAY BE CARRIED OUT THROUGH PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS AND MAY INCLUDE CONTACTING EMPLOYERS TO DETERMINE INCOME, CONTACTING A FOOD STAMP OR TANF OFFICE TO DETERMINE CURRENT CERTIFICATION FOR RECEIPT OF FOOD STAMPS OR TANF BENEFITS, CONTACTING THE STATE EMPLOYMENT SECURITY OFFICE TO DETERMINE THE AMOUNT OF BENEFITS RECEIVED AND CHECKING THE DOCUMENTATION PRODUCED BY HOUSEHOLD MEMBERS TO PROVE THE AMOUNT OF INCOME RECEIVED. THESE EFFORTS MAY RESULT IN A LOSS OR REDUCTION OF BENEFITS, ADMINISTRATIVE CLAIMS OR LEGAL ACTIONS IF INCORRECT INFORMATION IS REPORTED.

**FOR PROGRAM USE ONLY - DO NOT WRITE BELOW THIS LINE**

Determination: Eligible _____ Ineligible _____ Signature of Determining Official: _____ Date: _____	<b>TOTAL MONTHLY INCOME \$</b> _____ TO FIGURE MONTHLY INCOME: WEEKLY X 4.33 TWICE A MONTH X 2 EVERY 2 WEEKS X 2.15
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