



January 2010

Dear Parent/Guardian:

Thank you for sending your daughter to Camp Sojourner last summer! We hope that you have had a great six months since we have seen you last. We are very excited to be gearing up for Camp Sojourner 2010.

Registration for Camp Sojourner 2010 will be starting on February 15<sup>th</sup>. ***We ask that you contact us by March 1<sup>st</sup> and let us know if you plan for your daughter to return to camp this summer, so that we can hold a spot for you.*** You can contact us after that time and hopefully we will still have space for your daughter, but please note that **your spot will not be reserved until we receive a \$25 deposit and confirmation of your intent to send your daughter to Camp Sojourner this summer.** Renewal camper application materials are enclosed in this packet.

**Our camp session this summer will run from Monday, June 28<sup>th</sup> through Friday, July 2<sup>nd</sup>.** Please note that our camp session is one day and one night longer than it was last year, and is at an earlier time in the summer. Camper bus will depart from the camp office again at 48<sup>th</sup> and Baltimore, leaving Philadelphia at 8:30am on Monday, June 28<sup>th</sup> and returning at 5:00pm on Friday, July 2<sup>nd</sup>.

**Camp tuition this year is on a sliding scale from \$200 to \$500,** depending on family size and income. Some scholarships are available.

Because your daughter has already been to camp, you do not need to schedule an in-person interview with us. However, once we receive your materials, we will call you to check-in over the phone and discuss whatever goals or questions you might have for camp this year. We will also discuss payment and other application materials at that time- please note that all payment and health forms must be received by June 1<sup>st</sup> in order to hold your daughter's place at camp. If we do not have your materials by June 1<sup>st</sup>, we will unfortunately need to admit another camper from our waiting list- this is to ensure that no camper spaces are left vacant.

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

As always, please feel free to call or email with any questions! Camp voicemail is (215) 951-0330 x2180. Messages are checked twice a week, and we will get back to you as soon as possible. For a faster response, you can send an email to [alisha@girlsleadershipcamp.org](mailto:alisha@girlsleadershipcamp.org).

We look forward to seeing your daughter back at camp this summer!

Sincerely,

Alisha Berry and Kandace Thomas  
Camp Sojourner Directors

### **Camp Sojourner Returning Camper Application Materials**

- **Application**
- **Returning parent questionnaire**
- **Returning camper letter**
- **USDA Form**
- **Most recent report card**
- **\$25 application fee**



# 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

## RETURNING CAMPER QUESTIONS

My name is \_\_\_\_\_ and I am \_\_\_\_\_ years old.

I want to go back to Camp Sojourner this summer because

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Some things I really liked about camp last summer: \_\_\_\_\_

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Some suggestions I have for how camp could be improved this summer: \_\_\_\_\_

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Some things I did really well at camp last summer: \_\_\_\_\_

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Ways I could improve as a camper this summer: \_\_\_\_\_

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Two Goals I have for my time at camp this year:

1. \_\_\_\_\_

2. \_\_\_\_\_

One issue or problem in my community or the world that I would like to do something to help change or improve:

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Any other comments or thoughts?

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Signature of Camp Sojourner Applicant

Date

*Thank you for being a part of Camp Sojourner, Girls' Leadership Camp! We look forward to seeing you this summer!*



Camp Sojourner  
Girls' Leadership Camp

## RETURNING PARENT/GUARDIAN QUESTIONS

Name of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Name of Camper: \_\_\_\_\_

1. I want my child to go back to camp this summer because \_\_\_\_\_

\_\_\_\_\_

2. Some things my child really liked about camp last summer: \_\_\_\_\_

\_\_\_\_\_

3. Any suggestions for how camp could be improved this summer? \_\_\_\_\_

\_\_\_\_\_

4. Two Goals I have for my child at camp this year:

a. \_\_\_\_\_

b. \_\_\_\_\_

5. Is there anything we should know about changes or events in your family that may have impacted your child during the year? **(It is often helpful to know about major incidents, positive or negative, as they may come up in conversation with adult staff or other campers. This information will remain confidential, but may be discussed by Camp Directors if appropriate.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are there any campers or families who you would like to recommend to attend camp this year, who you think would be a good fit for the vision and purpose of Camp Sojourner? We will give priority to friends and family of returning campers, if they contact us by March 1<sup>st</sup>. Otherwise, we would still love to include them in Camp Sojourner, if we have enough spaces.

Name(s) of campers who you recommend:

\_\_\_\_\_

*Thank you for being a part of Camp Sojourner, Girls' Leadership Camp!*

## 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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