



January 2008

Dear Parent,

Thank you for your interest in Camp Sojourner, Girls' Leadership Camp.

Enclosed is an application packet, which includes a camper application, parent questionnaire, camper letter, and the summer food program form. Complete application packets should be mailed to the camp office:

Camp Sojourner, Girls' Leadership Camp
801 S. 48th St.
Philadelphia, PA 19143

Our camp session this summer will run from Sunday, August 3 through Sunday, August 10.

Girls' Leadership Camp's mission is to provide 8-14-year-old girls in the Philadelphia area with an affordable residential camp experience, and to provide year-round leadership development opportunities for teenage girls ages 15-17. We believe in helping girls to be strong, confident leaders who reach for their own dreams and are committed to making a positive impact on the world around them. Our camp program focuses on team building, leadership development, self-expression through creative arts, and appreciation of nature. We include traditional camp activities such as swimming, boating, hiking, team building, and campfires, as well as creative and performing arts such as singing, dancing, drawing, painting, drumming, sewing, and wood-working.

Camp tuition is on a sliding scale from \$110 to \$500, depending on family income and number of people in the household, plus a \$25 (non-refundable) application fee. Some scholarships are available. Transportation from Philadelphia to camp will be provided. Campers will leave Philadelphia at 8:30am on Sunday, August 3rd and return at 1:00pm on Sunday, August 10th.

Applying to Camp Sojourner

- Applications are accepted on a rolling basis beginning January 15, 2008.
- A complete application consists of:
 - Completed application forms: camper application, parent questionnaire, camper letter, and summer food program form.
 - \$25 (non-refundable) registration fee (cash or money order only, no personal checks).
 - A copy of your child's most recent report card.

Once we have received your application

Once we have received your complete application, we will contact you to schedule an orientation and interview. Orientations happen generally in the evening with five to ten families, and then individual interviews are conducted with a member of GLC's staff. At the end of the interview, we will determine if Camp Sojourner is a good fit for your daughter this summer.

After the interview, we will determine what the appropriate tuition will be for your family. Our tuition is on a sliding scale is from \$110-\$500, depending on your family income and number of people in the household. Scholarships are available on a limited basis. Please bring proof of your income to your camp interview (i.e.: pay stub, copy of tax return, or public assistance letter).

A bus trip up to the camp site will be happening on Saturday, June 28th, so that you and your child can see the camp in advance.

Health forms and tuition payment(s) must be received by July 3rd in order to hold your daughter's place at camp.

Please feel free to contact us with any questions about the application process or about our program. Alisha Berry, Camp Director, can be reached at (215) 951-0330 x2180, or at alisha@girlsleadershipcamp.org.

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

Sincerely,

Girls' Leadership Camp Staff

Contact:

Alisha Berry, GLC Director

phone: **(215) 951-0330 x2180**

fax: **(215) 558-6994**

email: alisha@girlsleadershipcamp.org

mail:

**Camp Sojourner, Girls' Leadership Camp
801 S. 48th Street
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 _____

**2008 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: _____ Work Phone: _____ Home Phone: _____
 Name: _____ Relationship: _____ Work Phone: _____ Home Phone: _____
 Name: _____ Relationship: _____ Work 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 picking 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 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 questionnaires will be handled and discussed confidentially and will be seen only by the appropriate staff. APPLICATIONS CANNOT BE PROCESSED UNLESS THE CAMP SOJOURNER PARENT QUESTIONNAIRE 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 questionnaire is correct.

Signature of Parent or Legal 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 _____ (liked/ did not like)

CAMP BECAUSE _____

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

2007-2008 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. Even if your family does not fall within these guidelines, your cooperation in completing this documentation is vital.

July 1, 2007 to June 30, 2008
**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	18889	1575	364
2	25327	2111	488
3	31765	2648	611
4	38203	3184	735
5	44641	3721	859
6	51079	4257	983
7	57517	4794	1107
8	63955	5330	1230
Each Additional Family Member	+6,438	+537	+124

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, Girls Leadership Camp / Camp Sojourner

2008 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 July 3, 2008. 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: (215) 951-0330 x2180.

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	MONTHLY INCOME				
List the Names of Everyone in Your Household	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*

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 CONTACTNG 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 _____

TOTAL MONTHLY INCOME \$ _____

TO FIGURE MONTHLY INCOME: WEEKLY X 4.33

TWICE A MONTH X 2

EVERY 2 WEEKS X 2.15