



January 2009

Dear Parent:

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, after a highly successful season last year where girls enjoyed swimming, boating, hiking, climbing, archery, campfires, singing, dancing, drawing, painting, drumming, sewing, and wood-working. (Please see our website for pictures: www.campsojourner.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 Sunday, August 2nd through Sunday, August 9th.

Camp tuition is on a sliding scale from \$135 to \$500, depending on family income and number of people in the household. Some scholarships are available. Transportation from Philadelphia to camp will be provided. Campers will leave Philadelphia at 8:30am on Sunday, August 2nd and will return at 1:00pm on Sunday, August 9th, from our camp office at 48th 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. 48th St.
Philadelphia, PA 19143

Applying to Camp Sojourner

- Applications are accepted on a rolling basis beginning February 1, 2009.
- 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.
- 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 \$135-\$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 July 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 x2180, or at 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

mail: Camp Sojourner, Girls' Leadership Camp
801 S. 48th 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 _____

2009 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. It is my responsibility to provide Girls' Leadership Camp with my contact information, including an accessible telephone number, during the entire duration of my daughter's stay at camp.
- 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 be responsible for picking up and all travel costs if my child gets sent home by Girls' Leadership Camp.**

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.)

- () Hispanic/Latina
- () Asian or Pacific Islander
- () Black or African-American
- () White/Caucasian
- () 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

2008-2009 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. **THIS MEANS THAT IN ORDER FOR CAMP SOJOURNER TO RECEIVE FUNDING FOR ELIBIGLE CAMPERS, ALL CAMPERS MUST COMPLETE THIS FORM, EVEN IF THEY ARE NOT ELIGIBLE.** 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, 2008 to June 30, 2009

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	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each Additional Family Member	+6,660	+555	+129

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.

Sincerely,

Alisha Berry, Director, Camp Sojourner Girls' Leadership Camp

2009 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 1, 2009, or whenever you submit the rest of your application. 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.

ENROLLMENT INFORMATION

1

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.

NAMES	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
List the Names of Everyone in Your Household	Job 1.	Job 2.		
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$

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.

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

_____	_____	_____
<i>HOME ADDRESS</i>	<i>TOWN/CITY</i>	<i>ZIP CODE</i>
_____	_____	
<i>HOME TELEPHONE</i>	<i>WORK TELEPHONE</i>	
_____	_____	_____
<i>PRINTED NAME OF ADULT SIGNING APPLICATION</i>	<i>DATE SIGNED</i>	<i>SOCIAL SECURITY NUMBER*</i>

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 _____	TOTAL MONTHLY INCOME \$ _____ TO FIGURE MONTHLY INCOME: WEEKLY X 4.33 TWICE A MONTH X 2 EVERY 2 WEEKS X
Signature of Determining Official: _____	
Date _____	
	2.15