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**Summer Camp Application 2023**

**Return to:** Clinton Social Services, 48 E. Main Street, Clinton, CT 06413

**Application Deadline:** June 1, 2023 First Come/First Served (Many camps fill up quickly, please return completed application with required documentation quickly.)

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Children in Household (younger than 18 years)\_\_\_\_Adults\_\_\_\_

Are there any special financial circumstances, i.e. medical bills, foreclosures, etc. that you would like us to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Gross Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_ (All Sources)

**Please attach proofs of your household’s most recent 30 days income (all sources, including unemployment, self-employment earnings, child support, Social Security benefits, etc.) with your application.**

**Child’s Name Birth Date Name of Camp Session Total Amount you can**

**Cost Contribute**

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**If a campership is granted to your child it is your responsibility to contact the camp and register your camper. This is an application for campership funds, and this application does not guarantee funds for camp will be granted and/or space will be available for your child. All scholarships require partial contribution from the family for the camp fees. Please initial that you have read/understand this. \_\_\_\_\_\_\_\_\_\_ Please be sure to speak with camp regarding session availability and any discounts/reduced rate you may be eligible for prior to completing this application. Please indicate that cost on this application. Please initial that you have read/understand this. \_\_\_\_\_\_\_\_\_\_**

**By signing below I agree that the information submitted is true and accurate.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**