



160 Conover Road, Wickatunk, NJ 07765  
www.katericenter.org 732-946-9694

Dear Parents/Guardians:

Thank you for choosing Kateri Day Camp for your child! We are very proud of our long history of providing summer fun and learning that is safe and wholesome. Our philosophy is one of respect for ourselves, each other and the world around us.

A 2017 Camp Enrollment Form has been included. Additional copies of these forms and **ONLINE REGISTRATION** can be found at our website [www.katericenter.org](http://www.katericenter.org). Registration begins January 15, 2017.

Kateri Day Camp dates: **June 26 through August 11, 2017**. Camp is closed Monday July 3<sup>rd</sup> and 4<sup>th</sup>.

- Hours of camp: Monday through Friday, **8:30 am to 3:00 p.m.**
- Transportation: Free transportation to the following areas: Asbury Park, Belmar, Freehold Borough, Howell, Keansburg, Keyport, Long Branch, Neptune City, Red Bank, and Union Beach.
- Meals: Breakfast, Lunch and Snack are served every day at no additional cost.
- Paying for Camp: If you are receiving funding through a childcare agency, please call your caseworker and let him/her know that you are applying to Kateri. Contracts must be received prior to camp acceptance.
- Campership: Please write a letter explaining your situation and include it with the enrollment forms. Free or reduced tuition is awarded on a first come, first served basis only to those families ineligible for Child Care funding. All applicants requesting a campership are required to first call Child Care Resources of Monmouth County (732)-918-9901 to determine eligibility for funding.

**How to Enroll your camper** (Please see go to our website [www.katericenter.org](http://www.katericenter.org) for details):

- Complete and sign all enrollment forms.
- The only fax accepted is the Immunization Records from your doctor.
- Complete the Summer Food Service Eligibility Form. Complete all sections pertaining to you. This form is only complete if you include the last four digits of your social security number, address, phone number, signature and date of signature.
- Include a check for payment of \$40 enrollment fee, camp payment, a Child Care Resources contract for payment, or a campership letter.
- The enrollment deadline is **June 1, 2017**.

If you have any questions please contact us at 732-946-9694.

Sincerely,

*Karen M Stackhouse*

Karen Stackhouse  
Camp Director

**2017 CAMPER ENROLLMENT FORMS**

Complete and return one form per child with a \$40 fee/family

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at time of Camp \_\_\_\_\_

**Camper and Primary Contact Information:**

Name of School \_\_\_\_\_ Gender: M F Grade Sept 2017 \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
Street Address/Apt# City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

EMAIL \_\_\_\_\_

**Emergency Contact Information:**

Please provide **TWO** additional people who can be called if the parent/guardian listed above is not available. Emergency contacts must be able to pick up this camper if the parent/guardian cannot be reached.

First Contact Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Paying for Camp:** (Please check the space next to the funding that applies to your situation)

\_\_\_\_\_ I will be paying for camp. Kateri Day Camp **COSTS \$350** per camper, per week.  
Checks can be made payable to *Collier Youth Services*.

\_\_\_\_\_ I am requesting a CAMBERSHIP \*If you cannot afford camp and have no outside funding, you may request a CAMBERSHIP. Attach a letter expressing your need for assistance. You **must** exhaust all outside funding sources before applying for campership. Please contact Child Care Resources at 732-918-9901 to see if you qualify for assistance.

\_\_\_\_\_ CHILD CARE RESOURCES OF MONMOUTH COUNTY will be paying for Camp.

I am enrolled in:

- \_\_\_\_\_ Work First
- \_\_\_\_\_ New Jersey Cares for Kids
- \_\_\_\_\_ Monmouth County Targeted Population
- \_\_\_\_\_ Grandparents Respite Program

\_\_\_\_\_ DEPARTMENT OF CHILD PROTECTION & PERMANCY (DCP&P/DYFS) will be paying for camp.

\_\_\_\_\_  
Name of Caseworker/Person Responsible for Payment

\_\_\_\_\_  
Phone Number and Extension

**CHILD'S FULL NAME** \_\_\_\_\_

**Bus Stops:**

Bus Number \_\_\_\_\_ Bus Stop Letter \_\_\_\_\_

Using the attached LIST OF BUS NUMBERS AND STOPS, please choose your Bus Number and Bus Stop and write them above.

Your morning and afternoon bus stop must be the same. For the safety of your child, an adult must be at the bus stop when the bus picks up and drops off your child. Please be at the stop at least fifteen minutes early.

**Parent/Guardian Consent:**

I affirm that I am the parent/guardian of the above named child and **I authorize Collier Youth Services to admit my child into Kateri Day Camp.** My child may participate in all camp activities: including, but not limited to: swimming, sports, games, ropes course, hiking, nature study, arts & crafts, archery and literacy.

- I give my consent for my child to take part in field trips under proper Kateri Day Camp supervision.
- I consent for the camp to use photographs/videos of my child.
- I understand that Collier Youth Services is not responsible for lost articles and understand items of great value should not be brought to camp. Campers should not bring electronics, toys, games, food, gum or candy to camp.
- If my child requires emergency medical care and I cannot be reached, I give consent to Collier Youth Services to obtain the necessary emergency care. I agree to pay any costs associated with the care my child receives.
- I have read and agree to the terms outlined in the parent handbook.

I do **not** want my child to take field trips. *Check here* \_\_\_\_\_

I do **not** want the camp to use photos/videos of my child. *Check here* \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Safety/Health Information:**

Chronic Illness (asthma, seizures, diabetes, etc...) \_\_\_\_\_

Name of Prescription Medicine \_\_\_\_\_ Dosage \_\_\_\_\_

Days/Time(s) to Administer \_\_\_\_\_

Prescription medications must be sent **in the original bottle.** Please hand to Kateri Bus Staff **on the first day of camp.**

Allergies \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_  
(Must be accompanied by a doctor's note)

Special Needs/Behavioral Concerns \_\_\_\_\_

**Please circle YES or NO**

Sunscreen: Kateri staff has permission to apply sunscreen when necessary. YES NO

Emergency Allergic Reaction: Kateri staff has permission to administer Benadryl. YES NO

Ibuprofen/Acetaminophen: Kateri staff has permission to distribute when necessary. YES NO

Activi  
ties

my child **cannot** participate in are: \_\_\_\_\_

**Shot Records:** A copy of Immunization/Shot records **must** be attached or faxed directly from the doctor's office to Kateri Day Camp. Fax # 732-946-9785.

Authorization

To the best of my knowledge, this history is correct and complete. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[Type text]

## 2017 Kateri Day Camp Bus Schedule

| <b>BUS 1 – Asbury Park/Ocean Twp</b>   |      |      | <b>Bus 3- Long Branch/Eatontown/Red Bank</b>   |      |      | <b>Bus 5 – Howell/Freehold</b>                        |      |      |
|--|------|------|--|------|------|---|------|------|
|  | AM   | PM   |  | AM   | PM   |   | AM   | PM   |
| <b>A</b> Ocean Township Intermediate School  | 7:15 | 4:15 | <b>A</b> YMCA /Long Branch BOE (540 Broadway, Long Branch)                           | 7:20 | 4:10 | <b>A</b> Cliffwood Post Office (349 Rt 35, Cliffwood) | 7:00 | 4:30 |
| <b>B</b> Foodtown (1560 Route 35, Ocean Township)                                  | 7:25 | 4:05 | <b>B</b> Amerigo A Anastasia Elementary  | 7:25 | 4:05 | <b>B</b> Park Nine Diner (3320 Route 9, Freehold)     | 7:30 | 4:00 |
| <b>C</b> Asbury Park High School   | 7:35 | 3:55 | <b>C</b> West Long Branch Police (965 Broadway)                                      | 7:30 | 4:00 | <b>C</b> The Home Depot (1990 Route 9, Howell)        | 7:40 | 3:50 |
| <b>D</b> Berkeley Oceanfront Hotel   | 7:45 | 3:45 | <b>D</b> Eatontown Memorial Middle School  | 7:40 | 3:50 | <b>D</b> Acme (Adelphia Plaza Rte 9, Freehold)        | 7:55 | 3:35 |
| <b>E</b> Asbury Park Middle School   | 7:55 | 3:35 | <b>E</b> Boys and Girls Club of Monmouth County (138 Dr James Parker Blvd, Red Bank) | 7:50 | 3:40 | <b>E</b> Freehold Boro High School                    | 8:15 | 3:15 |
| <b>F</b> Our Lady of Mount Carmel  | 7:50 | 3:40 | <b>F</b> St Anthony's Church (121 Bridge Ave, Red Bank)                              | 7:55 | 3:35 |   |      |      |
| <b>G</b> Neptune Township Elementary (1155 Rt 33 (Atkins & Corlies), Neptune City) | 8:00 | 3:30 | <b>G</b> Acme Parking Lot, (Rt 520 Lincroft)   | 8:10 | 3:20 |   |      |      |
| <b>Bus 2 – Neptune/Belmar</b>  |      |      | <b>Bus 4 – Bayshore</b>  |      |      |   |      |      |
| <b>A</b> Belmar Elementary School  | 7:10 | 4:20 | <b>A</b> Mater Dei High School   | 7:40 | 4:00 |   |      |      |
| <b>B</b> Stop and Shop (116 Rt 35, Neptune City)                                   | 7:20 | 4:10 | <b>B</b> Ocean Ave Elementary (235 Ocean Ave, Middletown)                            | 7:50 | 3:50 |   |      |      |
| <b>C</b> 7th Ave and Memorial Drive  | 7:30 | 4:00 | <b>C</b> St. Anne's Catholic Church  | 7:55 | 3:45 |   |      |      |
| <b>D</b> Neptune High School   | 7:45 | 3:45 | <b>D</b> Pinewood and Beachway, Keansburg  | 8:00 | 3:40 |   |      |      |
| <b>E</b> The Cone Zone ( 2404 Rt 33, Neptune)                                      | 7:50 | 3:40 | <b>E</b> Keyport Central School  | 8:10 | 3:20 |   |      |      |
| <b>F</b> Dunkin Donuts (3701 Route 33, Neptune)                                    | 7:55 | 3:35 |  |      |      |   |      |      |
| <b>G</b> Linkages (4261 Route 33 Tinton Falls)                                     | 8:00 | 3:30 | <b>F</b> Matawan Regional High School  | 8:20 | 3:10 |   |      |      |

**Important Busing Information**

Please choose the BUS and STOP that best suits your needs. Please be aware that your camper's AM STOP and PM STOP must be the same. There must be an authorized person waiting to greet all campers. Only campers 11 and older with *written permission* from the parent / guardian may walk home unsupervised. Drivers are instructed not to leave any camper unattended at a bus stop. If necessary, the campers will be brought back to camp. It will then be the parent's responsibility to pick up the camper from Kateri Day Camp. Please be waiting at the bus stop approximately 15 minutes before the scheduled arrival and departure times. The scheduled times are estimates and are subject to change depending on camper enrollment, inclement weather and/or traffic conditions.

# 2016-2017 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, 2016 to June 30, 2017

### **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<br>SIZE                    | FREE MEALS    |             |             |
|--------------------------------------|---------------|-------------|-------------|
|                                      | Annual        | Monthly     | Weekly      |
| 1                                    | 21,978        | 1,832       | 423         |
| 2                                    | 29,637        | 2,470       | 570         |
| 3                                    | 37,296        | 3,108       | 718         |
| 4                                    | 44,955        | 3,747       | 865         |
| 5                                    | 52,614        | 4,385       | 1,012       |
| 6                                    | 60,273        | 5,023       | 1,160       |
| 7                                    | 67,951        | 5,663       | 1,307       |
| 8                                    | 75,647        | 6,304       | 1,455       |
| <b>Each Additional Family Member</b> | <b>+7,696</b> | <b>+642</b> | <b>+148</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:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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

*Raven M. Stackhouse*

Signature of Institutional Representative

# 2017 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: Collier School-Kateri

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by June 01, 2017. 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: 732-946-9694.

**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 SNAP OR TANF BENEFITS FOR THEIR CHILDREN – Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**

SNAP Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**3B** **ALL OTHER HOUSEHOLDS – If you did not write a SNAP/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 | No 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 LAST FOUR DIGITS OF 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 SNAP 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*  
 \_\_\_\_\_  
*LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER\** *TOWN/CITY* *ZIP CODE*  
 \_\_\_\_\_  
*PRINTED NAME OF ADULT SIGNING APPLICATION* *DATE SIGNED* *HOME TELEPHONE* *WORK TELEPHONE*

**5** **Participant's ethnic and racial identities (optional)**  
 Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino  
 Mark one or more racial identities:  Asian  White  Black or African American  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12  
 Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice a Month,  Month,  Year  
 Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_