



Holiday Hill Day Camp

2025 CAMBERSHIP APPLICATION

Lloyd and Gwen Duff, Founders | Dudley and Wendy Duff Hamlin, Directors
 Holiday Recreation Center, Inc., 41 Chaffeeville Road, Mansfield, CT 06250-1112
 TEL 860-423-1375 FAX 860-456-2444 www.holidayrecreation.com

Complete both sides of this form and send it with a \$25.00 refundable campership application deposit, and all other required documentation, to the camp address above.

A \$25 campership deposit is due at the time of application. This deposit will be returned if a full campership is awarded or if campership assistance is unavailable for any reason. This deposit will be subtracted from any partial campership fees awarded and the balance is due two weeks prior to the start of the camp session. If a family is unable to make a full payment by this time, they may develop a payment program in consultation with our office after enrollment is confirmed.

Family Contact Information

FIRST PARENT/GUARDIAN NAME <u>and</u> CAMPER ADDRESS				
Title (<i>Mr., Ms., etc.</i>)	First Name	Last Name		
Home Phone	Work Phone	Cell/Pager		
Street	City	State	Zip	
E-Mail	Invoice this parent? (Yes/No)	Employer/Occupation		
SECOND PARENT/GUARDIAN				
Title (<i>Mr., Ms., etc.</i>)	First Name	Last Name		
Home Phone	Work Phone	Cell/Pager		
Street	City	State	Zip	
E-Mail	Invoice this parent? (Yes/No)	Employer/Occupation		
FIRST CAMPER				
First Name	Last Name	Date of Birth	Gender (M/F)	Grade in school next Fall
School Currently Attending		<div style="border: 2px solid black; padding: 10px;"> <p style="margin: 0;">2025 Sessions Requested</p> <p style="margin: 5px 0;">___ Session 1: Jun 23-Jul 4 ___ Session 3: Jul 21-Aug 1</p> <p style="margin: 5px 0;">___ Session 2: Jul 7-Jul 18 ___ Session 4: Aug 4-Aug 15</p> </div>		
Red Cross Swim Level camper should be working in, if new to camp, or if If changed since last summer.				
SECOND CAMPER				
First Name	Last Name	Date of Birth	Gender (M/F)	Grade in school next Fall
School Currently Attending		<div style="border: 2px solid black; padding: 10px;"> <p style="margin: 0;">2025 Sessions Requested</p> <p style="margin: 5px 0;">___ Session 1: Jun 23-Jul 4 ___ Session 3: Jul 21-Aug 1</p> <p style="margin: 5px 0;">___ Session 2: Jul 7-Jul 18 ___ Session 4: Aug 4-Aug 15</p> </div>		
Red Cross Swim Level camper should be working in, if new to camp, or if If changed since last summer.				
THIRD CAMPER				
First Name	Last Name	Date of Birth	Gender (M/F)	Grade in school next Fall
School Currently Attending		<div style="border: 2px solid black; padding: 10px;"> <p style="margin: 0;">2025 Sessions Requested</p> <p style="margin: 5px 0;">___ Session 1: Jun 23-Jul 4 ___ Session 3: Jul 21-Aug 1</p> <p style="margin: 5px 0;">___ Session 2: Jul 7-Jul 18 ___ Session 4: Aug 4-Aug 15</p> </div>		
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Please fill out this form **COMPLETELY** and submit it along with a **\$25.00 refundable Scholarship Application Deposit**. Mansfield's Holiday Hill Day Camp is an American Camp Association accredited camp committed to helping youth develop valuable life skills through camping programs that build self-esteem, independence, leadership and friendship skills, environmental awareness, and a spirit of adventure and exploration. We serve people of all ages, backgrounds, abilities and incomes. The funds available for Holiday Hill's Camp Scholarship Program are made possible through the generosity of our volunteers, alumni, camper families, staff and community donors, and the American Camp Association Camper Scholarship Program.

Holiday Hill Day Camp requires that individuals provide the requested information on this form regarding income, school records, family size and necessary expenses so that financial support may be allocated in a fair and consistent manner. Rules for acceptance and participation at Holiday Hill Day Camp are the same for everyone without regard to race, color, religion, sex, sexual orientation, or national origin. **ALL FINANCIAL AID APPLICATIONS AND PERSONAL DOCUMENTS ARE KEPT CONFIDENTIAL.** All Holiday Hill Day Camp program participants receive the same benefits, regardless of whether or not they are receiving financial assistance.

MONTHLY INCOME FROM ALL SOURCES	Gross	Net
Earnings (Salary, wages, commissions, etc.)	\$ _____	\$ _____
Agency Subsidy (SSI, AFDC, SSD, DCF, Food Stamps, etc.)	\$ _____	\$ _____
Other (Alimony, child support, rental property, investments, etc.)	\$ _____	\$ _____
Totals	\$ _____	\$ _____

Please indicate the total number of people in the household living on the above income: _____

The camp tuition for a two-week session is \$889.00.
FOR THE TWO-WEEK SESSION(S) REQUESTED, I AM ABLE TO PAY
THE FOLLOWING PER TWO-WEEK SESSION: _____

To be considered for financial aid, all of the applicable documents listed below must accompany this application.

- Copy of prior year's **tax return**. If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 866-559-3921; Follow automated prompts: Enter your SS#; Choice #3 allows you to order a transcript or photocopy of your tax return, or download a request Form 4406-T from the www.irs.gov web site and faxing or mailing to the IRS.
- Copy of at least two current **pay stubs**
- Copy of **Social Security** or **Disability** checks, or copy of bank statement showing amount of automatic monthly deposit
- Copy of **unemployment** check, **child support** or **alimony** payment, or copy of bank statement showing amount of automatic monthly deposit
- Copy of **rent assistance, ADC, food stamps, or other forms of assistance**
- Copy of camper candidate's recent **scholastic progress report**
- Any other **special recognition or awards** earned by the camper applicant
- Any **referrals** for camp participation by school or agency professional staff

SPECIAL CIRCUMSTANCES (may also be expressed in a separate document and attached):

I certify that the above information is true and complete to the best of my knowledge. I agree to inform Holiday Hill Day Camp immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize any opportunity for Campership. I also understand that a registration is not complete until the terms of a financial aid offer have been accepted and a program deposit received.

Parent/Guardian/Adult Signature _____
Date

**Please complete both sides and mail with \$25.00 Campership Application Deposit and attachments to:
Holiday Hill Day Camp, 41 Chaffeeville Rd, Mansfield, CT 06250**