



**SUMMER CAMP SCHOLARSHIP PROGRAM**  
 Registration for Camp Providers  
 2009

**CAMP INFORMATION**

Name of your organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**REGISTRATION & FEES**

Registration Date(s) & Time: \_\_\_\_\_

Registration Location: \_\_\_\_\_

**Total Fee for Summer Per Child: \$\_\_\_\_\_** Total weeks of summer camp operation: \_\_\_\_\_  
 (Please include field trips, registration, meals, and t-shirts)

Is lunch provided? Yes No      Are you participating in the Summer Food Service Program? Yes No  
 If not, are you interested in participating? Yes No

Hours of Camp Operation: \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.

Before & After Care Available: Yes No    If so, what hours: \_\_\_\_\_

Total number of slots available (Per camp site): \_\_\_\_\_ Full Time Staff: \_\_\_\_\_ Staff to Child Ratio: \_\_\_\_\_

Total number of slots open to Scholarship: \_\_\_\_\_

Background screening on staff: Yes No      Licensed Childcare Provider: Yes No

Name & Address of Camp Site(s)	Age(s)	Contact Person & Phone #	<u>Camp Dates</u>	Specialty Camps (i.e. art, dance, sports)

- Please include a list of field trips and camp activities/curriculum
- Please attach a copy of your 501(c)3
- **MAIL** to Palm Beach County Division of Human Services • 810 Datura Street #350 • West Palm Beach, FL 33401 or **FAX** to (561) 355-4801

**ALL INFORMATION MUST BE SUBMITTED TO BE CONSIDERED FOR APPROVAL**

**Signature:** \_\_\_\_\_