

City of Sanibel

Department of Recreation

2020 Youth “Summer Camp”

Registration Packet

PACKET CONTENTS:

NOTE: To save you time, it is strongly recommended that you complete the registration forms, waivers, scholarship and financial application (if applicable) prior to arriving to register.

- Summer Camp Registration Form
- Summer Camp Rates
- COVID Waiver
- Kindergarten Eligibility Requirements
- Discipline Policy
- General Parent/Guardian Information
- Medication/Illness Policy
- Off Property Nature and Fitness Walks Consent Waiver
- Movie Consent Waiver
- Pick up Policy
- Photo Release Form
- Financial Assistance (if applicable)
 - COVID Lee CARES Scholarship
 - City of Sanibel Financial Assistance



2020 SUMMER YOUTH CAMP REGISTRATIION

CHILD LAST NAME,	FIRST NAME	D.O.B.	GENDER	ADDRESS
1.		/ /	M/F	
GRADE ENTERING IN CURRENT FALL		K 1 2 3 4 5 6 7 8		
<input type="radio"/> Week 1- June 15-19				
<input type="radio"/> Week 2- June 22-26				
<input type="radio"/> Week 3- June 29- July 2 (Closed July 3 rd)				
<input type="radio"/> Week 4- July 6-10				
<input type="radio"/> Week 5- July 13-17				
<input type="radio"/> Week 6- July 20-24				
<input type="radio"/> Week 7- July 27-31				
2.		/ /	M/F	
GRADE ENTERING IN CURRENT FALL		K 1 2 3 4 5 6 7 8		
<input type="radio"/> Week 1- June 15-19				
<input type="radio"/> Week 2- June 22-26				
<input type="radio"/> Week 3- June 29- July 2 (Closed July 3 rd)				
<input type="radio"/> Week 4- July 6-10				
<input type="radio"/> Week 5- July 13-17				
<input type="radio"/> Week 6- July 20-24				
<input type="radio"/> Week 7- July 27-31				
3.		/ /	M/F	
GRADE ENTERING IN CURRENT FALL		K 1 2 3 4 5 6 7 8		
<input type="radio"/> Week 1- June 15-19				
<input type="radio"/> Week 2- June 22-26				
<input type="radio"/> Week 3- June 29- July 2 (Closed July 3 rd)				
<input type="radio"/> Week 4- July 6-10				
<input type="radio"/> Week 5- July 13-17				
<input type="radio"/> Week 6- July 20-24				
<input type="radio"/> Week 7- July 27-31				

PARENT/GUARDIAN #1

LAST NAME,

FIRST NAME

D.O.B.

GENDER

ADDRESS

1.		/ /	M / F	
Home ☎:	Cell Carrier:			
Work ☎:	Cell ☎:	Primary E-mail:		

PARENT/GUARDIAN #2

LAST NAME,

FIRST NAME

D.O.B.

GENDER

ADDRESS

1.		/ /	M / F	
Home ☎:	Cell Carrier:			
Work ☎:	Cell ☎:	Primary E-mail:		

CHILD MEDICAL CONCERNS: KNOWN ALLERGIES-MEDICATIONS-DISABILITIES

--

Please enroll my child(ren) in the City of Sanibel Recreation Program. In the event of inclement weather or emergency closings, I understand that I am responsible for the care and timely transportation of my child(ren) upon dismissal from the Recreation Program. I will notify the Recreation Staff of any changes in address, home or work phone and/or medical conditions of my child(ren). In the event of serious injury or illness of my child(ren), I give my permission to have the above named child(ren) transported by ambulance or other conveyance to a doctor or hospital if immediate attention is required. I will also assume responsibility of payment for the same. INITIAL _____

If I cannot be contacted I _____ (DO), or _____ (DO NOT) authorize an employee of the City of Sanibel to consent on my behalf to any medical or surgical treatment, doctor or hospital, and I will assume payment for such treatment. INITIAL _____

I, intending to be legally bound, for myself and the above named child(ren), our heirs or executors, assigns, waive hold harmless, and forever discharge, any and all rights and claims for damages, which we have or may here after accrue to us against the City of Sanibel, its agents or employees, for any and all damages that might be sustained or suffered by the above named child(ren) in any way connected with the Recreation Program. INITIAL _____

***** FAILURE TO ATTEND THE PROGRAM MAY RESULT IN UNENROLLMENT FOR SUBSEQUENT WEEKS OF SUMMER CAMP.**

Signature Parent/ Guardian: _____ Date: _____

City of Sanibel
Weekly "Summer Camp" 2020 Rates

	Early Bird Registration (at least 14+ calendar days prior to start of program)	On Time Registration (7-13 days prior to start of program)	Late Registration (less than 7 days prior to start of program)
Member Rate	\$135	\$162	\$168.75
Non-Member Rate	\$174	\$209	\$217.50



IMPORTANT: ALL PATRONS MUST READ AND SIGN THIS ACKNOWLEDGEMENT BEFORE ENTERING THE RECREATION CENTER

By voluntarily entering this Recreation Center:

- I affirm I am not currently ill or experiencing COVID-19 symptoms (i.e., fever, chills, cough, shortness of breath, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea).
- I agree that if I think or know I had COVID-19 and I had symptoms, then I will not enter the Recreation Center until at least three days have passed with no fever and it has been at least 10 days since symptoms first appeared, and any remaining symptoms have improved
- I agree that if I tested positive for COVID-19 but had no symptoms, then I will not enter the Recreation Center until I receive two negative test results in a row, at least 24 hours apart.
- I agree to abide by social distancing and safety guidelines being practiced in this facility.
- I acknowledge that while safety measures are being taken by the facility, such measures neither guarantee my personal safety nor the safety of any other person present.
- I consent to hold the City of Sanibel harmless against any COVID-19 related claims or damages regarding my voluntary presence at the Recreation Center.

If I am not able to agree and affirm the above statements, I will not be allowed to enter the Recreation Center.

Printed name

Signature

Date

Parent/legal guardian signature, if minor child under the age of 18:

Printed name

Signature

Date



Kindergarten Eligibility Requirements Summer Camp 2020

ONLY TO BE COMPLETED BY KINDERGARTEN PARENT(S)/GUARDIAN(S)

Summer Camp enrollment eligibility for participants entering Kindergarten in the fall will be based on the following requirements and subject to review by the Recreation Department Staff:

Age: All registered campers must be at least 5 years of age prior to the first day of the Summer Camp Program.

Toilet Training: Camper must be toilet trained and able to independently use restroom facilities.

Experience: Confirmation of the camper's previous enrollment in a structured childcare setting whereas the child has completed the following:

- Participation in a full day structured and supervised childcare program for a minimum of 3 consecutive months.
- For verification purposes, provide previous childcare agency program information requested below:

EXPERIENCE

Provider/Program Name:		Address:	
Program Supervisor:			
Phone:	Hours/Week Attended:	Dates Attended:	

Signature Parent/Guardian:

Date:



DISCIPLINE POLICY

All disciplinary action is subject to the discretion of the Recreation Staff and administration. Failure to comply with current program rules and policies could result in partial or indefinite removal from activities, depending on severity of infraction.

GUIDELINE FOR GENERAL MISCONDUCT AS FOLLOWS:

- 1st Offense of the Day: Participant must sit out for 5-10 minutes
- 2nd Offense of the Day: Participant must sit out for 10-15 minutes
- 3rd Offense of the Day: Participant must sit out for 15-20 minutes

PROGRAM RULES

- Participants are not permitted to leave the Recreation Center without proper check out and must be with authorized parent or guardian upon exit
- Proper closed-toe, non-black soled (gym) footwear must be worn at all times except in pool area
- Fighting is prohibited
- Spitting is prohibited
- Phone calls are limited to emergencies and necessities
- Offices are limited to staff unless otherwise deemed necessary
- Restrooms are for their intended purposes only
- Inappropriate language is prohibited
- Harassment/ bullying of another participant is prohibited
- Pool rules must be obeyed at all times when applicable
- Disrespectful behavior toward staff or others is prohibited
- Theft is prohibited
- Vandalism is prohibited
- Unbecoming or improper conduct is prohibited
- Participants must wear seatbelts on field trips

After three offenses in a one day period, or excessive offenses within any one week period, a written discipline note may be issued. Written discipline notes may be sent home as an advisory notice, or to inform parents of a suspension or indefinite removal from the program. All written discipline notes should be signed and returned by parent/guardian on next available day of attendance by child.

IMMEDIATE SUSPENSION MAY APPLY ON THE FOLLOWING OFFENSES:

- Physical harm or fighting
- Vandalism
- Theft
- Extreme disrespectful behavior

CELL PHONE USE AND ELECTRONIC DEVICES

Cell phones and electronic devices which have internet capabilities and, or recording/photographic technology are expected to remain stowed away within campers personal belongings throughout the day. These forms of electronics should only be used on a limited basis for parent contact if necessary. These devices will not be permitted for use as an alternate form of entertainment during camp. Prolonged or excessive use of these items will result in the temporary confiscation of the device until dismissal time.

*Refunds will not be issued for program days or weeks missed due to disciplinary action. Discipline is cumulative throughout the calendar school year. Cumulative offenses include Fun Days and or Holiday programs and will count toward After School accruals. Summer program discipline is accrued separately within summer program only.

Signature Parent/Guardian: _____

Date: _____



GENERAL PARENT/GUARDIAN INFORMATION

GENERAL PROGRAM HOURS

(See hours for your selected program below)

After School Camp: Monday through Friday, 2:10 p.m. – 5 p.m., when school is in session.

Summer Camp: Monday through Friday, 8 a.m. - 5 p.m.

Fun Days, Winter and Spring Camp: Days based on annual school calendar, 8 a.m. - 5 p.m.

Check Out Procedure

All parent/guardians must sign out children in Procure System. Children are not permitted to leave property, or be signed out by any person other than those designated unless prior written consent from the legal parent or guardian has been authorized. Authorized pick up persons must be 18 years or over. Please have your child picked up by 5:30 p.m. Severe weather or circumstances beyond Recreation Staff control could require early pick up arrangements to be made by parents.

Heat and Sun

Parents must supply their own sunscreen and bug spray and educate their children on proper application. Staff will remind kids regularly about reapplying sunscreen. Multiple applications throughout the day are advised. During summer months, please send plenty of drinks for your child. Drinking fountains and bottled water vending machines are available on site. Refillable water bottles are recommended. Swimsuit, towel and sunscreen may be required daily depending on program.

Personal Items

Personal items are the responsibility of the participant. Recreation Staff cannot guarantee the security of electronics games, jewelry, money, clothing, etc.

Food

There is no refrigeration or microwave available for campers. Bottled water vending machines and drinking fountains are available on site. The Recreation Department does not offer snacks or meals for specific dietary needs. If your child has any dietary restrictions, please be sure to provide a safe snack and/or meal for the day.

Medical Info

Please make the Recreation Staff aware of any special needs, medical conditions, handicaps, or medications that may be applicable during your child(ren)'s visit. There is a location for this info on the main registration form.

Toilet Training

Children must be toilet trained and able to independently use restroom facilities.

Lost and Found

Items will be held for one week and are located in the plastic bin in the lobby.

Financial Assistance

Financial assistance is available on a sliding fee scale. All applicants will be reviewed by the financial assistance committee for approval. Students may participate until final approval is obtained by the committee and will need to complete the registration packet with parent contact numbers and permission waivers. A member of the Recreation Staff will contact you on the status of your request. Please make sure all required paperwork is attached to your financial assistance forms upon submittal. All financial assistance information is confidential.

Signature Parent/Guardian:

Date:



MEDICATION / ILLNESS POLICY

MEDICATION IN GENERAL

The Sanibel Recreation Department cannot administer any form of medication to campers during their visit. This also includes any medication used to reduce symptoms of a fever, allergies or allergic reactions, use of Benadryl, or any medicine used to treat stings or insect bites along with hydrogen peroxide or alcohol based disinfecting agents.

OVER THE COUNTER MEDICATION

Over the counter medications such as aspirin, ibuprofen, and or cough medicine can be administered with written permission from the child(ren)'s parent and physician. Participants taking prescribed medications for prolonged weeks or months should have meds administered prior to arrival at the Recreation Program, or through proper school channels before dismissal at school if applicable. Any medication to be administered by Recreation Staff must have the following:

- Be presented in its original container and sealed tightly
- Have a label with the child's name
- Have an up to date expiration on container
- Have listed with meds, time, days and dose to be given
- Family physicians name and phone number attached

FEVER AND SYMPTOMS

Please **DO NOT** send your child(ren) to Recreation Programs if he / she is, or has within the last 24 hours, been awaiting test results for Strep throat, other communicable disease, lice **or is displaying any of the following symptoms:**

- Fever (100 degrees or higher)
- Nausea or vomiting
- Diarrhea
- Severe asthma or allergies
- Contagious skin or eye infection
- Colored discharge from nose indicating infection
- Not feeling well / lethargic behavior / increased crying or irritability

For the protection of the rest of the campers at the Recreation Programs, a staff member will contact you immediately if your child is displaying any of the above mentioned symptoms. Children with symptoms will be removed from group activities and pick up will be expected within 30 minutes of parent or guardian notification.

Signature Parent/ Guardian:

Date:



OFF-PROPERTY NATURE AND FITNESS WALKS CONSENT WAIVER

Day camp travel itineraries may or may not apply to all programs offered throughout the calendar year. After-School, Holiday, and Fun Day program travel days will be determined by staff and may require minimal money for locally discounted treats. Summer program may include off-property nature and fitness walks. Off-property nature and fitness walks may include but are not limited to:

- CROW
- DING DARLING
- SCCF

Child(ren)'s name: _____

I, intending to be legally bound, for myself and the above named child(ren), our heirs or executors, assigns, waive hold harmless, and forever discharge, any and all rights and claims for damages, which we have or may here after accrue to us against the City of Sanibel, its agents or employees, for any and all damages that might be sustained or suffered by the above named child(ren) in any way connected with the Recreation Program.

Signature Parent/Guardian: _____ **Date:** _____

MOVIE WAIVER

Only movies with a "G" or "PG" rating will be shown during Youth Programs.

PARENT INITIAL: _____



PICK UP POLICY

The youth programs conclude at 5 p.m. This is when all organized programming has ended for the day. There is a 30 minute grace period for pick up until 5:30 p.m. to assist working families that need additional time to pick up their children. *If pick ups cannot be made by the 5:30 p.m. grace period, we ask that families make alternate arrangements with other preauthorized (see below) friends or family members to assist.* Please contact the Recreation Department if you know you are going to be later than the grace period time limit. Please have your secondary plan for pick up prepared if needed. **Please make sure your alternate pick up person is at least 18 years of age and has a valid photo ID at the time of pick up.** After three pick up warnings your child(ren) is subject to a non-refundable indefinite removal from the Recreation Program. The Recreation Staff is **not** permitted to provide phone numbers, organize car pools or ride sharing in any capacity.

NOTE: It is standard industry practice to charge a fee for participants who are picked up after program hours in order to cover the cost of staffing. Therefore, a late fee of \$5.00 is charged for any youth program participant picked up after 5:35 p.m. An additional \$5.00 fee will be charged for every ten minutes thereafter.

The Sanibel Recreation Center is **not able to accept** alternate child pick up arrangements over the phone. All additional individuals picking up registered participants must be listed below for official check out. Parents that are requesting additional pick up individuals be added to their registration form must have prior written consent via one of the following:

- * Adding additional pick up names to this form in advance of pick up day.
- * A written note signed by the parent/guardian giving permission for alternate individual to pick up.
- * Emailed permission note signed by parent/guardiansent to us at kayla.schuneman@mysanibel.com.

PLEASE ADD ANY ADDITIONAL AUTHORIZED FRIENDS OR FAMILY MEMBERS FOR PICK UP IN THE BOXES BELOW:

LAST NAME,	FIRST NAME	RELATIONSHIP	ADDRESS
1.			
Cell ☎:	Cell Carrier:		
2.			
Cell ☎:	Cell Carrier:		
3.			
Cell ☎:	Cell Carrier:		
4.			
Cell ☎:	Cell Carrier:		

Signature Parent/ Guardian: _____ Date: _____

ATTENTION 7TH AND 8TH GRADE PARENTS ONLY!

Independent check out authorization for 7th and 8th grade students
Please check the appropriate box below

I DO I DO NOT

Hereby grant my 7th or 8th grade student: _____, permission to independently sign out of the after school and/or summer program at the Recreation Center without a parent or guardian present.

Signature Parent/ Guardian: _____ Date: _____



PHOTO RELEASE FORM

(PERMISSION TO USE PHOTOGRAPHS)

For valuable consideration, acknowledged to be received and sufficient, I hereby grant to the City of Sanibel, its agents, officials, representatives and employees, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, or my property, for editorial, trade, advertising and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release the City of Sanibel, its agents, officials, representatives and employees, from all claims and liability relating to said photographs.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20_.

Witness #1 Signature
Guardian)

Signature (If Minor, Signature of Parent or Guardian)

Witness #1 Printed Name

Parent/Guardian Printed Name

Witness #2 Signature

Child(ren) Printed Name

Witness#2 Printed Name

Address



United Way of Lee, Hendry, Glades, and Okeechobee

CARES Childcare Scholarship Funding Application

Last Name:

First Name:

Childcare Location:

Are you a resident of Lee County? Yes No

Guardian Phone:

Guardian Email:

Child(ren) Name(s):

Have you been: Furloughed as a result of COVID-19?

Experienced cut wages as a result of COVID-19?

Been laid off as a result of COVID-19?

Had to stop working to act as a primary caregiver as the result of COVID-19?

Has your family income been impacted as a result of COVID-19?

Former Employer:

Do you expect to return to your former place of employment? Yes No

If so, anticipated date to return to work:

I hereby certify that my employment status and/or income has been impacted as a direct result of COVID-19. I understand that my funding status will be monitored and that I have secured employment and that childcare will facilitate my return to work. I understand that my funding can be terminated or adjusted at any time. I understand that my child's attendance will be monitored and if my child fails to consistently attend my scholarship may be discontinued. I understand that United Way of Lee County reserves the right to modify, adjust, or cease scholarship funding at any time to a recipient or provider.

Signature

Date

Please provide a copy of your Driver's License or ID

Please provide proof of unemployment such as: proof of unemployment registration, furlough notice by your employer, notice of being laid off by employer or documentation of decreased hours and/or wages. Further documentation may be required.



Frequently Asked Questions by Financial Assistance Applicants

1. Is my income too high?

Answer: Financial awards are made on a sliding fee scale (see below). Extenuating circumstances are considered.

2. Do I receive more financial assistance because I have more than one child?

Answer: Financial assistance awards are based on income.

3. Will all my information be kept confidential? I don't want others knowing that I am receiving financial assistance.

Answer: The financial assistance application is submitted to the recreation department staff. Your information is photocopied and identifying information (your name, address, social security number, children's names, etc.) is removed.

4. What programs are eligible for financial assistance?

Answer: After school, summer day camp, fun days, winter camp, spring break camp, counselor in training (C.I.T.) program, babysitter training camp, youth basketball league, volleyball camp, and teen camp out.

5. If approved, are all fees due at once or can I pay over the time of the program?

Answer: Recreation staff will coordinate with you on a payment plan.

6. If I'm approved for a program and then don't use it, do I still need to pay for it?

Answer: If you sign up for 3 weeks of summer camp and only use 1½ weeks, you will have to pay for two weeks. We do not break up a week. Similarly, in the after school program, if you receive assistance for a school year and only come for 1 week, you have to pay for the trimester for the week used.

7. Who makes the approval decision?

Answer: The Financial Assistance Committee appointed by Sanibel City Council makes the final decision on award amounts.

*Application and all required paperwork must be submitted within 60 days to present to the Financial Assistance Committee.

City of Sanibel Financial Assistance Sliding Fee Scale				
Annual Household Income Range				
\$0 - \$33,500	\$33,501 - \$43,500	\$43,501 - \$53,500	\$53,501 - \$63,500	\$63,501 - \$73,500
80%	75%	70%	65%	60%



CITY OF SANIBEL RECREATION FINANCIAL ASSISTANCE APPLICATION

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support received. To assist in our review, please provide the following:

1. Copy of most recent pay stub, W-2, and tax return with social security numbers removed
2. Copy of bank statements for 90 days prior to the date of application if self-employed
3. Proof of filing for child support, if applicable
4. A Valid Florida Driver's License, ID card or Voter's Registration Card showing local address
5. All information must be provided within 60 days of application or the request for assistance will be denied

***The Financial Assistance Committee may require additional information in order to process application.**

***APPLICATION AND ALL REQUIRED PAPERWORK MUST BE SUBMITTED WITHIN 60 DAYS TO PRESENT TO THE FINANCIAL ASSISTANCE COMMITTEE.**

Parent/Guardian: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the names of all persons, 18 years & over, living in the household (income tax returns required for each):

1) _____ 2) _____ 3) _____ 4) _____

Are you a client of F.I.S.H?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Services received: _____	
Do you reside in CHR?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you currently own or rent your residence?	<input type="checkbox"/> Own <input type="checkbox"/> Rent		
Do you receive TANF Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly benefit amount:	\$ _____
Do you receive SNAP Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly benefit amount:	\$ _____
Is there a court order for child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court ordered amount:	\$ _____
Case # _____ State: _____ County: _____	Date ordered: _____		
Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly support amount:	\$ _____
Is there a court order for shared child care expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court ordered amount/percent:	\$ _____
Do you receive the court ordered amount/percentage for shared child care expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU RECEIVE:			
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
Foster Care payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
Any other financial assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:	\$ _____
From whom? _____			
SUBTOTAL:			\$ _____
Federal Income Tax Return Total Income:			\$ _____
Federal Income Tax Return Refund Amount:			\$ _____
Total Household Annual Income:			\$ _____

Check Program(s) for which Financial Assistance is requested:

- After School/Middle School Program: # Children _____ Amount \$ _____
- Winter Camp: # of weeks _____ # Children _____ Amount \$ _____
- Spring Break Camp: # Children _____ Amount \$ _____
- Fun Days Program: # of days _____ # Children _____ Amount \$ _____
- Summer Program: # of weeks _____ # Children _____ Amount \$ _____
- C.I.T. Program: # of weeks _____ # Children _____ Amount \$ _____
- Babysitter Training Camp: # Children _____ Amount \$ _____
- Basketball League: # Children _____ Amount \$ _____
- Volleyball Camp: # Children _____ Amount \$ _____
- ZUNI Camp Out: # Children _____ Amount \$ _____

PROGRAM TOTAL \$ _____

Other than the information provided on page 1 of this application, list any special circumstances to be considered. Attach additional page if more space is needed.

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge. I will report any change in my financial circumstance within 10 days, in writing with documentation, to the Recreation Staff Financial Assistance Representative. False reporting or lack of reporting may result in discontinuation of assistance. Continued eligibility is conditioned upon program payments being current.

Signature of Parent/Guardian: _____ Date: _____

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____ (name of person acknowledging).

(NOTARY SEAL)

Signature of Notary Public

Typed/Printed Name of Notary Public

Personally Known _____ Produced Identification _____ Type: _____
(You may have this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at MacKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

Date completed application received: _____ Staff Signature: _____

Applicant Status: New Repeat

All Social Security numbers/names/phone numbers/addresses are blacked out: Yes No

Assistance amount has been determined and written on application: Yes No

Applicant is aware that they may participate in activity they applied for: Yes No

Applicant is aware that a sliding scale based on income is used to determine assistance: Yes No

Applicant is aware that the fees for programs are due when the program begins, or at the time the Committee has made a decision on the Financial Assistance application: Staff Initials: _____

Date applicant was contacted about committee decision: _____ Staff Initials: _____

Is F.I.S.H. providing assistance: Yes No (If yes) Amount: \$ _____

Does the applicant have an outstanding balance? Yes No (If yes) Amount: \$ _____

Staff must record status here, any outstanding balance, and time and date of calls made to patrons:

Staff must keep track of approved applicant attendance in programs. Staff Initials: _____
(NOTE: Responsibility of Financial Assistance Representative).

Date data entered into RecTrac: _____ Staff Initials: _____

STAFF NOTES:

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied	
Committee Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Assistance amount for After School/Middle School Program:	\$ _____
Assistance amount for Holiday Camp Programs:	\$ _____
Assistance amount for Fun Days Program:	\$ _____
Assistance amount for Summer Program:	\$ _____
Assistance amount for Babysitter Training Camp, C.I.T., Basketball, Volleyball Camp, ZUNI Camp Out:	\$ _____
Total Assistance Granted:	\$ _____