



SUMMER CAMP 2012 REDUCED RATE APPLICATION

- DPR offers a reduced rate for qualified applicants who are residents of the District of Columbia to ensure that summer camps are available to everyone, regardless of ability to pay.
- The DPR Summer Camp Reduced Rate program allows children of qualifying families to attend for flat rates of **\$25 or \$50 per child, per camp session**. There are 5 sessions. Before and After Care Fees apply at the full rate.
- Applicants for Reduced Rate Summer Camp **must qualify for the reduced rate in-person** with Summer Camp Office staff. Please bring a completed Reduced Rate Application and the required documentation during the following times:
 - Summer Camp Office Hours: Mon – Tues 10:00 am – 6:00 PM & Wed – Fri 10:00 am – 5:00 PM.
 - Address: Columbia Heights Community Center, 1480 Girard ST, NW, 4th FL, Washington, DC 20009
- After qualification, Reduced Rate applicants may register for sessions online or in-person by using a unique coupon code. Instructions will be given to applicants at the time of qualification.

DATE SUBMITTED _____

SECTION 1 - GENERAL INFORMATION

Name of Parent or Guardian

_____ Last Middle (optional)

_____ First Date of Birth (Month / Day / Year)

Address

_____ Street Apt/Unit #

_____ City State ZIP Ward

Telephone

(_____) _____ - _____ (_____) _____ - _____
 Home Work or Other

_____ Email

Name of Participant(s): You can add up to 3 children, if you wish to add more, please attach a duplicate 1st page.

(1) Last Middle First
 _____ / _____ / _____ Gender: Male Female
 (1) Date of Birth (Month / Day / Year)

(2) Last Middle First
 _____ / _____ / _____ Gender: Male Female
 (2) Date of Birth (Month / Day / Year)

(3) Last Middle First
 _____ / _____ / _____ Gender: Male Female
 (3) Date of Birth (Month / Day / Year)

SECTION 2 - REQUIRED DOCUMENTS

You must provide documentation at the time of qualification for the following items:

Proof of Residency (Provide at least one of the following):

- A government issued photo ID, listing your current DC address
- Or
- A photo-ID that includes your name **and** one of the following listing your current address:
 - Pay stub (issued within the last 45 days)
 - Utility bill (gas, electric, or water within the past two months)
 - Unexpired DC Motor Vehicle Registration
 - Unexpired lease or rental agreement
 - A notarized letter signed by the persons with whom you reside. Letter should include your name, your child(ren), and address, AND two pieces of mail with your current name, address, and date, must accompany a notarized letter

Proof of Income:

- **2010 or 2011 Income Tax forms (mandatory)**

AND one of the following:

- Three consecutive paychecks, dated no older than 60 days
- Current statement of Social Security Administration benefits
- Current statement of Worker's Compensation benefits
- Current statement of Disability benefits
- Current TANF statement
- Current Food Stamp statement

INSTRUCTIONS

This Eligibility Worksheet has been provided to assist you in determining whether you are eligible for a DPR Summer Camp Reduced Rate under current Federal Poverty Guidelines.

Please review the information below and complete the application before coming to register your child in-person. If you need assistance, please contact the DPR Summer Camp Office; see page 4.

ELIGIBILITY CHART

To determine your eligibility, reference your Household Size and Total Annual Household Income from SECTION 3 - INCOME INFORMATION, and find your Household Size and Total Annual Household Income on the table below.

Household Size (Include parents and children)	Eligible for reduced rate of \$25 if Total Annual Household Income is less than or equal to the following:	Eligible for reduced rate of \$50 if Total Annual Household Income is less than or equal to the following:
1	\$14,000	\$20,000
2	\$18,000	\$26,000
3	\$23,000	\$32,000
4	\$28,000	\$39,000
5	\$33,000	\$46,000
6	\$37,000	\$52,000
7	\$42,000	\$59,000
8	\$47,000	\$66,000
NOTE: For Each Additional Family Member, add \$4,500 to household income		

Eligibility amounts based upon United States Department of Agriculture, Food and Nutrition Service, Child Nutrition Programs, Income Eligibility Guidelines as published in the Federal Register; Volume 74; Number 58; Friday, March 27, 2009; Notices page 13412.

ELIGIBILITY WORKSHEET

SECTION 3 - INCOME INFORMATION

- List all dependent family members as defined by the Internal Revenue Service (IRS) residing in your household, their relationship to the applicant, and their monthly income. An adult, age 18 or over, must list their own income unless they are considered a dependent as defined by the IRS.
- Use the table below to calculate your **Total Annual Household Income before taxes**. Attach proof of income documentation for all sources of income listed. See list of examples in Required Documents section.

Name of Family Member 1:	
Relationship to Participant:	
Monthly Gross Employment Income (before deductions):	\$
Monthly Support Income (Child Support, Alimony, etc):	\$
Monthly Benefits Income (Pensions, Retirement, Social Security, etc)	\$
Monthly Income – Other Sources	\$
Name of Family Member 2:	
Relationship to Participant:	
Monthly Gross Employment Income (before deductions):	\$
Monthly Support Income (Child Support, Alimony, etc):	\$
Monthly Benefits Income (Pensions, Retirement, Social Security, etc)	\$
Monthly Income – Other Sources	\$
Name of Family Member 3:	
Relationship to Participant:	
Monthly Gross Employment Income (before deductions):	\$
Monthly Support Income (Child Support, Alimony, etc):	\$
Monthly Benefits Income (Pensions, Retirement, Social Security, etc)	\$
Monthly Income – Other Sources	\$
Name of Family Member 4:	
Relationship to Participant:	
Monthly Gross Employment Income (before deductions):	\$
Monthly Support Income (Child Support, Alimony, etc):	\$
Monthly Benefits Income (Pensions, Retirement, Social Security, etc)	\$
Monthly Income – Other Sources	\$
Name of Family Member 5:	
Relationship to Participant:	
Monthly Gross Employment Income (before deductions):	\$
Monthly Support Income (Child Support, Alimony, etc):	\$
Monthly Benefits Income (Pensions, Retirement, Social Security, etc)	\$
Monthly Income – Other Sources	\$
Name of Family Member 6:	
Relationship to Participant:	
Monthly Gross Employment Income (before deductions):	\$
Monthly Support Income (Child Support, Alimony, etc):	\$
Monthly Benefits Income (Pensions, Retirement, Social Security, etc)	\$
Monthly Income – Other Sources	\$
Total of Monthly Income:	
TOTAL ANNUAL HOUSEHOLD INCOME (Monthly Income x 12):	
HOUSEHOLD SIZE (all persons living in the household):	

SECTION 4 - APPLICANT CERTIFICATION AND SIGNATURE

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign. Incomplete applications will not be considered.

I hereby acknowledge that I am resident of the District of Columbia, and I have read and understand this application in its entirety, and that the Department of Parks and Recreation may verify the information on the application, and that deliberate misrepresentation of the information provided may subject me to prosecution under applicable District laws, and I certify that to the best of my knowledge and belief, all of my statements are true, correct, and complete.

I understand that all fees must be paid in full before my child/ren can attend the summer program. Failure to render payment in full within the given timeframe may result in program disenrollment of my child/ren.

Printed Name of Applicant

Signature of Applicant (*Please sign in blue or black ink*)

Date (Month / Day / Year)

Please submit this completed application in person to:	DPR Summer Camp Office Columbia Heights Community Center, 1480 Girard ST, NW, 4th Floor Washington, DC 20009-4612	Phone: (202) 671-0372 Email: dpr.camps@dc.gov Web: dpr.dc.gov Hours: Mon-Tues: 10:00 am - 6:00 pm Wed-Fri: 10:00 am - 5:00 pm
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DPR STAFF USE ONLY

Application review by DPR Summer Camp Office: Approval (\$25 rate) Approval (\$50 rate) Disapproval

Signature of DPR Summer Camp Office Representative

Date (Month / Day / Year)

TO CREATE A DPR ACCOUNT visit <http://www.asaponlinereg.com/Login.aspx?org=774>

Customer Log-in (email) for DPR Registration System: _____

Customer Password: If you requested a password reset, please check your inbox or junk mail folder for an email for your password. The sender will be identified as **“SchoolRegistration@asacentral.com”**.

TO REGISTER FOR CAMP beginning February 27th at noon: www.asaponlinereg.com/Login.aspx?org=774

Coupon Code: _____

Date (Month / Day / Year)

Notes:

