



**Austin
Sunshine
Camps**

Welcome to Austin Sunshine Camps!

Since 1928, ASC has been providing life changing camp experiences at no cost to low-income youth and their families. We believe the campers we serve are at the heart of everything we do and every decision we make. Through healthy relationships and a sense of belonging in our safe and caring learning environment, campers achieve success they never thought possible.

Every camper *SHINES* at Austin Sunshine Camps:

We put **S**afety first

We are **H**onest

We **I**nclude everyone

We **N**ever give up

We are **E**mpowered

Summer Camp

Enrollment in Austin Sunshine Camps for the summer of 2019 is now open! Our summer camp programs are free of charge to qualified applicants. Each camp session is five days and four nights. All campers will stay overnight in one of our two locations for the duration of their camp session.

Zilker Park: Campers who are 8 – 11 years old at the time they attend camp will attend our Zilker Park location in the heart of Austin! (2225 Andrew Zilker Rd, Austin TX 78746) Campers will stay in our 21,000 square foot Zilker Lodge. They will have daily access to Barton Springs, the Austin Nature and Science Center, the park’s many trails, and much more!

Lake Travis: Campers who are 12 – 15 years old at the time they attend camp will attend our Lake Travis location between Lago Vista and Marble Falls (5001 Shaw Dr, Marble Falls, TX 78654). Campers will stay in rustic cabins overlooking beautiful Lake Travis. Campers will participate in lakefront activities, low ropes and high ropes elements, and much more!

The session dates below apply to both locations. As you fill out the application, you will have the opportunity to select your top three choices for session dates.

Summer Camp Session Dates

Session 1: 6/13 – 6/17 (Thursday-Monday)

Session 5: 7/15 – 7/19 (Monday-Friday)

Session 2: 6/21 – 6/25 (Friday-Tuesday)

Session 6: 7/23 – 7/27 (Tuesday-Saturday)

Session 3: 6/30 – 7/3 (Sunday-Wednesday)

Session 7: 7/31 – 8/4 (Wednesday-Sunday)

Session 4: 7/7 – 7/11 (Sunday-Thursday)

Session 8: 8/8 – 8/12 (Thursday-Monday)

Does My Child Qualify?

To qualify to attend Austin Sunshine Camps, campers must meet the following requirements:

- Campers must reside in either Travis, Hays, Williamson, Bastrop, or Caldwell counties
- Campers must be between 8 and 15 years of age at the time they attend camp
- Campers must either:
 - Qualify for & provide proof of enrollment in SNAP or AFDC (case # must be provided)
 - Be a foster child
 - Qualify for the free & reduced school meals income eligibility guidelines based on household income and number of persons in the household. If you have questions about your eligibility, please refer to the chart below:

Household Size	Total Income									
	Annual		Monthly		Twice Per Month		Every Two Weeks		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$15,782	\$22,459	\$1,316	\$1,872	\$658	\$936	\$607	\$864	\$304	\$432
2	\$21,398	\$30,451	\$1,784	\$2,538	\$892	\$1,269	\$823	\$1,172	\$412	\$586
3	\$27,014	\$38,443	\$2,252	\$3,204	\$1,126	\$1,602	\$1,039	\$1,479	\$520	\$740
4	\$32,630	\$46,435	\$2,720	\$3,870	\$1,360	\$1,935	\$1,255	\$1,786	\$628	\$893
5	\$38,246	\$54,427	\$3,188	\$4,536	\$1,594	\$2,268	\$1,471	\$2,094	\$736	\$1,047
6	\$43,862	\$62,419	\$3,656	\$5,202	\$1,828	\$2,601	\$1,687	\$2,401	\$844	\$1,201
7	\$49,478	\$70,411	\$4,124	\$5,868	\$2,062	\$2,934	\$1,903	\$2,709	\$952	\$1,355
8	\$55,094	\$78,403	\$4,592	\$6,534	\$2,296	\$3,267	\$2,119	\$3,016	\$1,060	\$1,508
For each additional family member, add	+\$5,616	+\$7,992	+\$468	+\$666	+\$234	+\$333	+\$216	+\$308	+\$108	+\$154

Application Process

If your child meets the qualifications stated above, please complete the attached summer camp application. Applications will be reviewed in the order they are received. Please apply as soon as possible, as sessions fill up very quickly. You must submit a separate application for each camper you wish to enroll. Please note that in order to complete your camper's application for enrollment, you will need access to the following:

- Your child's immunization records
- Your child's health insurance information
- Contact information for your child's primary health care provider
- Your SNAP or AFDC case # (used to determine your camper's eligibility to attend camp)
- Your yearly household income (used to determine your camper's eligibility to attend camp)

The following forms must be submitted as part of this application before the application will be reviewed:

- Participant Information Form (pp. 3-4)
- Summer Camp Eligibility Form (p. 5)
- Camper & Parent/Guardian Expectations Form (pp. 6)
- Emergency Contact Information Form (pp. 7)
- Medications, Allergies & Restrictions Form (pp. 8 – 9)
- Health History Form (pp. 10 – 12) with up-to-date immunization records
- Food Waiver Form (pp. 13 – 14)

Please note, all forms with a spot for a signature must be signed upon submission before the application will be reviewed. Your camper's application for enrollment will only be accepted once all of these forms, including the camper's up-to-date immunization records, are received. Applications will be reviewed within three weeks of the date that ALL forms were received. Upon reviewing your application, we may contact you for more information on any part of the application.

If you have questions about the application process, please email us at info@sunshinecamps.org or call us at 512-472-8107.

P.O. Box 161270, Austin, TX 78716 | (512) 472-8107 | email: info@sunshinecamps.org | sunshinecamps.org

Participant Information

Greetings! With help from your child, please fill out the information below in as much detail as possible. The more we know about your camper, the more we can do to ensure they have a positive experience while at ASC.

Camper Information

Child's First Name: _____ Middle Name: _____ Last Name: _____

What name does this camper go by? _____ Date of Birth _____ Current Age: _____

School: _____ Grade in School: _____

Ethnicity: Black/African American Hispanic/Latino White/Caucasian Asian/Pacific Islander American Indian/Alaska Native
 Prefer not to answer

Gender: Male Female Prefer not to answer

What pronouns does this camper use? He/Him/His She/Her/Hers They/Their/Theirs Other: _____

What are this camper's hobbies and interests? _____

What is the camper most looking forward to at camp? _____

What does the parent/guardian hope the child gains from attending camp? _____

Has the camper attended Austin Sunshine Camps before? Yes No If yes, how many years? _____

Does the camper have any siblings or other relatives also applying to attend camp? Yes No If yes, please list the names of each sibling/relative & their relationship to the camper: _____

Please review the session dates below and select your top three choices for session dates. Place a "1" next to the camper's first choice, a "2" next to the camper's second choice, and a "3" next to the camper's third choice.

_____ Session 1: 6/13 – 6/17 (Thursday – Monday)

_____ Session 5: 7/15 – 7/19 (Monday – Friday)

_____ Session 2: 6/21 – 6/25 (Friday – Tuesday)

_____ Session 6: 7/23 – 7/27 (Tuesday – Saturday)

_____ Session 3: 6/30 – 7/3 (Sunday – Wednesday)

_____ Session 7: 7/31 – 8/4 (Wednesday – Sunday)

_____ Session 4: 7/7 – 7/11 (Sunday – Thursday)

_____ Session 8: 8/8 – 8/12 (Thursday – Monday)

If your application for enrollment is accepted and your camper would like to request to be placed in the same cabin as another camper, please provide up to three (3) cabin mate requests below:

Cabin Mate #1: _____

Cabin Mate #2: _____

Cabin Mate #3: _____

**ASC staff will make every effort to accommodate cabin mate requests, but cannot guarantee placement.

On the first day of camp, all campers will be dropped off between 8:00 and 9:00 am at Austin Sunshine Camps in Zilker Park. The address for ASC is:

2225 Andrew Zilker Rd

Austin, TX 78746

If you are unable to drop your camper off at Zilker Park, transportation from a more convenient location may be provided by an ASC volunteer. If you request camper pick-up from an alternate drop-off location, you will be contacted by ASC staff with more information.

Would you like to request transportation? Yes No

If yes, which location would you like to have your camper picked up? Please note, pick-up locations are subject to change based on driver availability.

- Widen Elementary School: 5605 Nuckols Crossing Rd, 78744
- Linder Elementary School: 2800 Metcalfe Rd, 78741
- Cook Elementary School: 1511 Cripple Creek Dr, 78758
- Sadler Means Young Women's Leadership Academy: 6401 N Hampton Dr, 78723
- Other

If you selected other, please provide the zip code you would like your camper to be picked up in: _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____ Phone Number: _____

Alternate Phone Number: _____

Email Address: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Language Spoken: _____

Parent/Guardian 2 Name: _____ Phone Number: _____

Alternate Phone Number: _____

Email Address: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Language Spoken: _____

Do you have access to email on a regular basis? Yes No

How did you hear about Austin Sunshine Camps? _____

Summer Camp Eligibility

In what county does this camper reside? _____ Is this camper a foster child? Yes No

Please indicate **family** YEARLY income range by checking one:

\$22,459 or less \$22,460 - \$30,451 \$30,452 - \$38,443 \$38,444 - \$46,435 \$46,436 - \$54,427 \$54,428 - \$62,419

462,420 - \$70,411 \$70,412 - \$78,403 \$78,404 or more

How many people live in the household? _____

Do you receive services such as Food Stamps or AFDC? Yes No

Food Stamp Case # _____ AFDC Case # _____

Last four digits of social security number (#) of the head of household: _____

Camper Expectations

Please read the expectations below for all campers that attend Austin Sunshine Camps:

At Austin Sunshine Camps, every camper SHINES. In order to create an environment where all campers are physically, mentally, and emotionally safe, we expect each camper to demonstrate the ability to be a good role model by upholding the ASC's SHINE values **at all times**. SHINE stands for:

Safety - responsibility for ourselves, our camp, and each other.

- Respect all people with the language and tone you use
- Work to resolve conflict in a positive manner, without resorting to violence
- Respect all facilities and equipment

Honesty - truthfulness in all we do.

- Step out of your comfort zone so we can build a strong community.
- Communicate openly with ASC staff, volunteers, and other campers.

Inclusion - every person matters.

- Participate in all activities as you are able
- Invite others to participate with you and refrain from excluding anyone

Never Giving Up - persistence, grit, and resilience.

- Try new things
- Ask for help if you need assistance or support

Empowerment - we can accomplish anything!

- Encourage & cheer on other campers to be the best they can be

If a camper does not demonstrate significant effort to uphold ASC's SHINE values while at camp, he/she will be sent home.

By signing below, I acknowledge that I have read and agree to the above stated camper expectations.

Parent/Guardian Signature

Date

Parent/Guardian Expectations

Please read the expectations below for parents/guardians of all campers that attend Austin Sunshine Camps:

All parents/guardians of ASC campers will be expected to:

- Respond to all communication from ASC staff in a timely manner.
- Be available to communicate with ASC staff by phone **at all times** while the camper is present at Austin Sunshine Camps.
- Be available to pick up the camper **within two hours** if requested by ASC staff due to medical or behavioral concerns.
- Reinforce the SHINE values at home with the camper all year long.

By signing below, I acknowledge that I have read and agree to the above stated camper expectations.

Parent/Guardian Signature

Date

Emergency Contact Information

Emergency Contacts

Please provide two emergency contacts in the spaces below. These emergency contacts may NOT be the same as the primary parent/guardian listed on the participant information form.

Emergency Contact #1 Name: _____ Relationship to Camper: _____

Phone Number: _____ Alternate Phone Number: _____

Emergency Contact #2 Name: _____ Relationship to Camper: _____

Phone Number: _____ Alternate Phone Number: _____

Health Care Providers & Insurance

Name of camper's primary doctor(s): _____ Phone: _____

Is the camper covered by family medical/hospital insurance? Yes No

Insurance Provider: _____ Insurance Provider Phone: _____

Insurance Group Number: _____ Insurance Policy Number: _____

Insurance Subscriber Name: _____ Insurance Subscriber Date of Birth: _____

Medications, Allergies, and Restrictions

Please complete all information in as much detail as possible.

Medications – Please list all medications the camper will bring with them to camp, including prescriptions, over the counter medications, and herbal supplements.

Medication	Reason for Taking	Dosage (How many/how much)	Administration (How given)	Frequency
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> As needed <input type="checkbox"/> Morning/Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> As needed <input type="checkbox"/> Morning/Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> As needed <input type="checkbox"/> Morning/Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> As needed <input type="checkbox"/> Morning/Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> As needed <input type="checkbox"/> Morning/Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> As needed <input type="checkbox"/> Morning/Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> As needed <input type="checkbox"/> Morning/Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____

Forbidden Over-The-Counter Medications

The following over-the-counter medications will be stocked at Austin Sunshine Camps and used to treat camper medical concerns on an as-needed basis. Use this section to indicate which medications should **NOT** be given to the camper. By leaving this section blank, you are authorizing Austin Sunshine Camps staff to administer the following medications to the camper as needed. Please place a check mark next to any medications which should **NOT** be given to the camper.

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Acetaminophen / Tylenol | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Aloe Vera | <input type="checkbox"/> Calcium Carbonate / Tums |
| <input type="checkbox"/> Antibiotic Cream | <input type="checkbox"/> Diphenhydramine / Benadryl |
| <input type="checkbox"/> Antihistamine / Allergy Medication | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Bismuth Subsalicylate / Pepto-Bismol | <input type="checkbox"/> Hydrocortisone / anti-itch cream |
| <input type="checkbox"/> Bug Spray | <input type="checkbox"/> Ibuprofen / Motrin/Advil |
| <input type="checkbox"/> Burn Cream | <input type="checkbox"/> Sunscreen |

If you checked any of the above, please provide a more specific description if necessary: _____

Allergies

Please list any and all allergies, including seasonal, environmental, allergies to food and drink, allergies to medication, and any others. Please provide a detailed description of the allergic reaction.

The camper is allergic to:	Type of Allergy (check all that apply)	Description of Reaction/Additional Information

Restrictions

At Austin Sunshine Camps, campers will participate in a variety of activities and will spend at least 60 percent of the day outdoors. Activities may include but not be limited to: swimming, hiking, mountain biking, ropes course, arts & crafts, canoeing, archery, and sports.

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate **with the following restrictions or adaptations:**

Dietary Restrictions

Please select the camper's dietary restrictions by checking the applicable box/boxes below (check as many as apply):

- No dietary restrictions
- Gluten-free
- Dairy-free
- Vegetarian
- Vegan
- Other: _____

Health History Form

Please answer ALL questions in the form below in as much detail as possible. Please attach a copy of the camper's up-to-date immunization records to this form.

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answer below.

(ALL QUESTION MUST BE ANSWERED)

1. Ever been hospitalized? Yes No Additional Comments: _____

If "Yes", when was your camper released from the hospital? _____

If "Yes", what was your camper hospitalized for? _____

If "Yes", can your child participate in physical activities? _____

2. Ever had surgery? Yes No Additional Comments: _____

If "Yes", when did your camper have surgery? _____

If "Yes", what was the surgery for? _____

3. Have recurrent/chronic illness? Yes No

Additional Comments: _____

4. Have any genetic, developmental, or communication-related disorders?..... Yes No

If "Yes", please explain: _____

4. Had a recent infectious disease? Yes No Additional Comments: _____

If "Yes", when did it happen (Month and Year)? _____

If "Yes", what type of infectious disease? _____

5. Had any recent injury? Yes No Additional Comments: _____

If "Yes", when did it happen (Month and Year)? _____

If "Yes", what type of injury? _____

If "Yes", can your child participate in physical activities? _____

6. Had asthma? Yes No If "Yes", please explain: _____

If "Yes", does your camper have an inhaler? _____ **Please note, all campers who have been diagnosed with asthma MUST bring an inhaler with them to camp. If they do not bring an inhaler, they MUST bring a doctor's note stating that they do not need an inhaler.**

7. Had wheezing/shortness of breath? Yes No If "Yes", please explain: _____

8. Have diabetes? Yes No Additional Comments: _____

If "Yes", how is it controlled? _____

If "Yes", can it be self-regulated or needs staff assistance? _____

If "Yes", does the camper have any dietary (food) restrictions? _____

9. Had seizures? Yes No Additional Comments: _____

If "Yes", what type of seizure? _____

If "Yes", date of last seizures? _____

If "Yes", what causes the seizures? _____

If "Yes", are the seizures heat related? _____

10. Had headaches? Yes No Additional Comments: _____

If "Yes", what causes the headaches? _____

If "Yes", how are they treated? _____

11. Wear glasses, contacts, or protective eyewear? Yes No If "Yes", please explain: _____

12. Had fainting or dizziness? Yes No Additional Comments: _____

If "Yes" when did it happen? _____

If "Yes" what causes it? _____

13. Passed out/had chest pain during exercise? Yes No Additional Comments: _____

If "Yes", when did it last happen? _____

If "Yes", how can we avoid it? _____

14. Had mononucleosis ("mono") during the past 12 months? Yes No If "Yes", please explain: _____

15. If female, have problems with periods/menstruation? Yes No If "Yes", please explain: _____

16. Have problems with falling asleep? Yes No If "Yes", please explain: _____

17. Have problems with sleepwalking? Yes No If "Yes", please explain: _____

18. Ever had back/joint problems? Yes No If "Yes", please explain: _____

19. Have history of bedwetting? Yes No If "Yes", please explain: _____

20. Have problems with diarrhea/constipation? Yes No If "Yes", please explain: _____

21. Have any skin problems? Yes No If "Yes", please explain: _____

22. Traveled outside the country (USA) in the past 9 months? Yes No If "Yes", when: _____

If you have additional comments about any of the above responses please note them here. ASC Staff may contact you for additional information.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

(ALL QUESTION MUST BE ANSWERED)

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADD/ADHD)? Yes No

If "Yes", during the summer will the camper be taking medication? _____

2. Ever been treated for emotional or behavioral difficulties? Yes No

If "Yes", what was the diagnosis? _____

3. Ever been treated for a learning disorder? Yes No

4. Ever been treated for an eating disorder? Yes No

If "Yes", what was the diagnosis? _____

5. Ever been treated for depression? Yes No

If "Yes", will the camper be taking medication during their stay at camp? Yes No

6. Ever been treated for anxiety? Yes No

If "Yes", will the camper be taking medication during their stay at camp? Yes No

7. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No

If "Yes", when did you see a mental health professional (month and Year)? _____

If "Yes", what was the reason? _____

8. Ever been hospitalized for mental health or emotional concerns? Yes No

If "Yes", how long? _____

If "Yes", what facility? _____

If "Yes", date of release? _____

9. Had a significant life event that continues to affect the camper's life? Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) If yes, please explain.

One of Austin Sunshine Camps' core values is inclusion. We will do our best to accommodate any and all restrictions, conditions, and special needs. However, the safety and well-being of all of our campers is our number one priority. Therefore, some camp applications may not be accepted in the event that the necessary accommodations are beyond the ability of our staff and scope of our programs.

Anything else we should know about your child?

*** Please note, this Health History Form **MUST** be submitted along with an **up-to-date copy of your child's immunization records** before their application to attend Austin Sunshine Camps can be reviewed***

Food Waiver Form

Attachment 10
2019 SFSP

INCOME ELIGIBILITY FORM SUMMER FOOD SERVICE PROGRAM (For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]

If you need help, call [phone number of Sponsor]

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination 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, audiotape, 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](#), (AD-3027) found online at:

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.

This Institution Is an equal opportunity provider.

Congratulations!

You've completed the 2019 Application for Austin Sunshine Camps. Before submitting your application, please verify that you are submitting **ALL** of the required parts listed below:

- Participant Information Form (pp. 3 – 4)
- Summer Camp Eligibility Form (p. 5)
- Camper and Parent/Guardian Expectations Form (p. 6)
- Emergency Contact Information
- Medications, Allergies, and Restrictions
- Health History Form
- Food Waiver Form
- Immunization Records (not included in this packet – must be obtained from doctor, school, or state health organization and submitted along with application)

After ensuring you have completed and attached all of the relevant forms, please submit this application to Austin Sunshine Camps via one of the following mediums:

Fax – 512-472-8123

Email – programs@sunshinecamps.org

Mail – PO Box 161270
Austin, TX 78716

If you have any questions, please contact our office at the email address above or at 512-472-8107.