



SUMMER CAMP REQUEST and TERMS OF SERVICE

ALL information on this application will remain CONFIDENTIAL.

Date _____

Child's Full Name _____ Age _____ Date of Birth _____

Parent/Guardian _____ Phone () _____ Cell () _____

Address _____ City _____ State _____ ZIP _____

Prior to submission of this request, please contact the camp to make sure that space is available.

Who initiated this request: DCF ___ FP ___ GAL ___ OTHER _____

I am requesting funding for the above named child to attend camp/summer program at:

Name of camp _____

Camp registration phone number () _____

Dates starting on _____ and ending on _____

Days of week _____ Hours _____

Camp fee \$ _____ Is space available at this camp? _____

Terms of agreement for Parent/Guardian. If The Foster Care Council approves this request, I, _____ (parent/guardian) agree to provide transportation to and from camp/summer program. Once the child is registered, I understand that I must notify The FFC if child cannot attend or if the child withdraws from camp. If I do not notify The FFC, I will be responsible for reimbursing The FFC for those sessions that the child has missed. Failure to do this, may affect future funding for enrichment activities for the child and for any child under the supervision of the above stated parent or guardian. I will commit to the above stated camp or summer program.

Parent's Signature _____ Date _____

A FFC volunteer will be contacting you. What is the best time to reach you? _____ AM _____ PM.

The Foster Care Council will provide payment directly to the organization providing the service.

The check should be MADE TO:

Name _____ Phone () _____

Address _____ City _____ State _____ ZIP _____

Case Manager Print Name _____ Cell () _____

Phone () _____ Ext _____

Fax () _____ Email _____ County _____

Mail: 1048 Crimson Creek LexKy40509 Email: cassie@thefostercarecouncil.com Fax: 859.368.9630