

2020 APPLICATION



ENGLISHTON PARK ACADEMIC REMEDIATION & TRAINING CENTER
Serving Children for 52 Summers (1969 - 2020)

Please fill out the application COMPLETELY. We must have all information requested to make your child's stay as successful and enjoyable as possible. **INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.**
The number one reason for delay in acceptance is lack of an IEP being sent.

CHILD'S NAME: _____ AGE: _____ BIRTHDATE: _____ BOY/GIRL
CHILD'S PREFERRED FIRST NAME _____ (PLEASE PRINT)

Which session would you prefer for your child?

- _____ Session 1 for boys (ages 8-11) and girls (9 - 12) -- Sunday, June 14 - Tuesday, June 23, 2020
- _____ Session 2 for boys (ages 8-11) and girls (ages 9-12) -- Sunday, June 28 - Tuesday, July 7, 2020
- _____ Session 3 for boys (ages 9-12) and girls (ages 8 -10) -- Sunday, July 12 - Tuesday, July 21, 2020
- _____ Willing to take ANY SESSION available appropriate for their age

Please circle year(s) your child previously attended: 2019 2018 2017 2016

Children may return to camp for an additional summer(s) though priority is given to children who have never had the opportunity to attend.

RETURN THIS APPLICATION TO: (Before June 1)	(After June 1)
Lisa and Thomas Barnett 201 N. Elm Street Batesville, IN 47006	Lisa and Thomas Barnett P.O. Box 228 Lexington, IN 47138
Phone: (812) 934-4322	(812) 889-2046
Email: ThomasLisaBarnett@etczone.com - preferred method of contact	

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

OFFICE USE ONLY	SESSION: 1 2 3	TRIBE: CHIPPEWA CHEROKEE CHOCTAW SENECA
CONFERENCE TIME: _____	GRANT: MC SC HC JC	DATE: _____ FEE: _____

How did you find out about the Englishton Park Children's Program (please circle)?

School (list below) Agency (list below) Other (please identify): _____

COPIES OF PROGRAM REPORT SHOULD BE SENT TO: (Please fill in all addresses **completely** and PRINT CLEARLY.)

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

SCHOOL: NAME OF TEACHER OR PRINCIPAL: _____

NAME OF SCHOOL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF AGENCY/PROFESSIONAL WORKING WITH CHILD: _____

CONTACT PERSON: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OTHER PERSON WHO SHOULD GET A REPORT---NAME _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WHO ACTUALLY FILLED OUT THIS APPLICATION? _____

NAME & RELATIONSHIP WITH CHILD

PHOTO & LIKENESS RELEASE: I give my permission to Englishton Park Presbyterian Ministries, Inc., its nominees, agents, and assignees and anyone publishing under its authority unlimited permission to use, publish, and republish reproductions (photograph, film, or recording) of my child's likeness and voice. I hereby agree to hold Englishton Park Presbyterian Ministries, Inc. harmless from any liability arising from the use of my child's likeness, voice or name in conjunction with this agreement.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

List the immediate family (parents, step-parents, foster parents, brothers and sisters, step and half brothers and sisters, other persons) living in the child's home:

NAME AND RELATIONSHIP

AGE

JOB or CURRENT GRADE IN SCHOOL

WHAT **SPECIFIC** BEHAVIORS DO YOU AS PARENTS/GUARDIANS WISH TO SEE CHANGED IN YOUR CHILD? (Examples: he/she hits others too much; he/she is too withdrawn; he/she doesn't finish what they start; he/she can't get along with others their own age; he/she isn't working to capacity, etc.). **BE VERY DETAILED!**

1.	-----
2.	-----
3.	-----

(BE SURE TO ANSWER THE BEHAVIOR QUESTIONS ON THE REVERSE SIDE OF THIS SHEET.)

Is this child currently in a special education program? _____ Yes _____ No

(A copy of the current individualized education plan (IEP) is required for us to accept a child. Ask his/her teacher for a copy of his "I.E.P." and attach it to this application.)**

CHILD'S GRADE LEVEL THIS YEAR: -----

SCHOOL SUBJECTS HE/SHE DOES WELL IN: -----

SCHOOL SUBJECTS HE/SHE DOES NOT DO WELL IN: -----

WHAT ARE THE CHILD'S SPECIFIC DIFFICULTIES IN SCHOOL? -----

WHAT DOES THE CHILD'S TEACHER TELL YOU ABOUT HIS/HER PROGRESS AT SCHOOL?

WHAT SPECIAL PROBLEMS MIGHT THIS CHILD EXPERIENCE AT CAMP?

PLEASE CIRCLE "YES" OR "NO" TO THE FOLLOWING CONFIDENTIAL QUESTIONS. YOUR HONEST RESPONSES WILL HELP US WORK MUCH MORE EFFECTIVELY WITH YOUR CHILD WITHIN THE SHORT TIME HE OR SHE WILL BE AT ENGLISHTON PARK.

1. Does your child seem quiet, withdrawn, sad or worried? YES or NO Explain: _____

2. Is your child disobedient, disrespectful, or aggressive at home school or play? YES or NO

Explain how often and where this occurs: _____

3. Has your child ever expressed feelings of wanting to hurt himself/herself, i.e., hitting himself, cutting himself, statements to the effect that "I wish I were dead" or "you'll be sorry when I'm gone." Have there been any suicide attempts or threats? YES or NO

Explain: _____

4. Has your child experienced any significant life events during the past year, i.e. death of a family member, friend, or pet, divorce or separation of parents or other traumatic event? YES or NO

Explain: _____

5. Has your child been admitted to a hospital setting for his/her behavior/or emotional difficulties? _____

Please list dates: _____

6. Has your child been identified as Autistic or does he/she fall on the autism spectrum? _____

ANY ADDITIONAL COMMENTS THAT MIGHT HELP US:

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
BIRTHDATE:	
AGE:	

HEALTH HISTORY, RESTRICTIONS, MEDICATIONS

_____ Diabetes: Does the child take insulin? _____
_____ Reactions to any drugs - Please list: _____
_____ Severe allergies - Please list: _____
_____ Other health problems not listed: Please list: _____

DATE OF CHILD'S LAST VACCINATION AGAINST TETNUS: _____
DATE OF CHILD'S LAST PHYSICAL EXAMINATION: _____
Height: _____ Weight: _____

LIST ANY RESTRICTION OF ACTIVITY FOR MEDICAL REASON: _____

LIST ANY DIETARY RESTRICTIONS: _____

*IF YOUR CHILD HAS A SEVERE ALLERGY, PLEASE CONTACT US SO THAT WE CAN DETERMINE WHETHER OR NOT WE CAN ACCOMMODATE THE CHILD. THIS INCLUDES CHILDREN WHO ARE GLUTEN-FREE.

DOES YOUR CHILD TAKE PRESCRIPTION MEDICATION (S) DAILY?	YES	NO
PRESCRIPTION MEDICATIONS TAKEN ON A DAILY BASIS SHOULD BE BROUGHT TO CAMP IN THE PRESCRIPTION BOTTLE. MEDICATION WILL BE CHECKED IN UPON ARRIVAL AND COUNTED TO VERIFY THE AMOUNT. SPECIFIC DIRECTIONS ON HOW TO ADMINISTER THE MEDICATION WILL BE DISCUSSED UPON ARRIVAL.		

INSURANCE INFORMATION:

INSURANCE CARRIER OR PLAN NAME: _____
POLICY NUMBER: _____
NAME OF INSURED: _____
MEDICAID NUMBER (if applicable): _____

EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN: _____

Street Address: _____

City, State, & ZIP: _____

Email Address: _____

Home Phone Number: _____ - _____ - _____

Work Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

2nd EMERGENCY CONTACT:

NAME: _____

Relationship of Emergency contact: _____

Street Address: _____

City & State & ZIP: _____

Phone Number: _____ - _____ - _____

NO SPECIFIC MEDICAL EXAMINATION IS REQUIRED FOR ENGLISHTON PARK. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO MAKE SURE THAT THEIR CHILD IS IN GOOD HEALTH PRIOR TO HIS/HER CAMP EXPERIENCE. IF YOU HAVE QUESTIONS REGARDING YOUR CHILD'S PHYSICAL ENDURANCE FOR CAMP ACTIVITIES, PLEASE CONSULT YOUR FAMILY PHYSICIAN.

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE: "I hereby authorize the Director and/or Staff of Englishton Park Academic Remediation and Training Center to act on my behalf in case of emergency and to obtain medical and/or hospital care as required. All costs will be billed to the parent/guardian's own health insurance plan covering this child. For children covered by state/federal health insurance programs such as Medicaid, Medicare, etc., all charges will be billed directly to those programs. For children with no insurance coverage, I further understand that all costs of such emergency care will be my responsibility and will be billed directly to me. [Englishton Park Children's Program carries an accident policy for all enrolled children as a guarantee second carrier policy only]."

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Englishton Park Academic Remediation & Training Center
Englishton Park Presbyterian Ministries, Inc.

Payment Information

FEE: \$300 - Fee for 10-day session (every child automatically receives a \$1,300 scholarship).

Marion County (IN) Residents:

Full or partial scholarships to lower the \$300 .00 fee are available on a first come first serve basis and are based on need. Need is determined by a completed free/reduced lunch form.

Hamilton County (IN) Residents:

Full or partial scholarships to lower the \$300.00 are available on a first come first serve basis and are based on need. Need is determined by a completed free/reduced lunch form.

If eligible for Free/Reduced Lunch program:

May be eligible for a \$50.00 fee reduction. Need is based on a completed free/reduced lunch form.

Other:

Payment can be addressed on a case-by-case basis. Payment plans are possible.

Please return the following with your completed application.

Child's Name: _____ Parent/Guardian Name: _____

- Check attached for the amount of _____**
- Eligible for Free/Reduced lunch program. A check for \$250.00 is included.
- Marion county resident requesting full \$300.00 scholarship (if available).
- Hamilton county resident requesting full \$300.00 scholarship (if available).
- Scott county resident requesting full \$300.00 scholarship (if available).
- Jefferson county resident requesting full \$300.00 scholarship (if available).
- Requesting payment plan. A check for _____ amount is enclosed as a token of our interest and to reserve a spot.

SUMMER FOOD SERVICE PROGRAM HOUSEHOLD ELIGIBILITY

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	Age <small>(Children Only)</small>	SNAP OR TANF CASE NUMBER (if any, for each household members) <small>Skip to Part 4 if you list a SNAP or TANF case number.</small>	Check if NO Income	Check if Foster Child*
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

* A foster child is the legal responsibility of a welfare agency or court.

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Date

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES <small>(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</small>	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/evry other week; \$100/week)							
	B. Earnings From Work <small>(Before Deductions)</small>		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i. EXAMPLE: Jane Smith	\$ 200.00	weekly	\$ 150.00	weekly	\$ 100.00	monthly	\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1 the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box.

X X X - X X - _____
Social Security Number

I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand that the information is being given for the receipt of Federal funds. I understand SFSP officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

- Hispanic/Latino
 Not Hispanic/Latino

Mark one or more racial identities:

- Asian Black or African American
 White American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

SFSP SPONSOR ONLY— must use annual conversion on all applications

Convert income only if different frequencies of pay are reported.

INITIAL DETERMINATION

Annual Income Conversion Weekly X 62 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

Free based on:

- homeless SNAP or TANF
 migrant foster child
 runaway household's income
 Head Start

Denied—Reason:

- income too high
 incomplete application
 Non-qualifying SNAP/TANF

Date Withdrawn

Signature of Determining Official

Date

Additional Comments (Optional)

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM:

Part 1: List all household members, and age for each child, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2 and 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

A child who is a member of a household that received SNAP, FDPIR, or TANF benefits is automatically eligible to receive free meals in the Summer Food Service Program.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SPONSOR:

Part 1: List all household members and age for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if Part 3 is completed, please include the last four digits of a Social Security Number, (or mark the box if s/he doesn't have one).

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the age for each child. Check the "Foster Child" box for each foster child.

Part 2 and 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the age for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box.

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

- **Box 1–Name:** List all household members with income.

- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the age for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box.

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

- **Box 1–Name:** List all household members with income.

- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the information you give us. 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 meals, and for administration and enforcement of the summer food service program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.