



# 2022 Camper Application

Camp Dates: June 27 – August 12  
(Closed July 4)  
Monday –Friday 8:30-3:00  
**Application Deadline: May 1, 2022**

160 Conover Road, Wickatunk, NJ 07765  
(p) 732-946-9694 [www.katericenter.org](http://www.katericenter.org)  
(fax) 732-946-9785

Complete and return one form per child with a \$40 per family Enrollment fee.

## Camper and Primary Contact Information:

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at time of Camp \_\_\_\_\_

Name of School \_\_\_\_\_ Gender: M F Grade Sept 2022 \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address/Apt# City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

How many summers has your child attended KDC? \_\_\_\_\_

## Emergency Contact Information:

Please provide **TWO** additional people other than the parent/guardian listed above. Emergency contacts must be able to pick this camper up if the parent/guardian cannot be reached.

First Contact Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Paying for Camp: (Please check the space next to the funding that applies to you)

\_\_\_\_\_ I will be paying for camp. I understand that camp costs \$350/week. I will call Kateri Day Camp for a payment schedule. Checks can be made payable to *Collier Youth Services*.

\_\_\_\_\_ I am requesting a CAMBERSHIP (If you cannot afford camp and have no outside funding, you may request a CAMBERSHIP. Attach a letter expressing your need for assistance. You **must** exhaust all outside funding sources before applying for campership. Please contact Child Care Resources at 732-918-9901 to see if you qualify for assistance.)

\_\_\_\_\_ I contacted CHILD CARE RESOURCES OF MONMOUTH COUNTY they will be paying for Camp.

- I am enrolled in:
- \_\_\_\_\_ Work First
- \_\_\_\_\_ New Jersey Cares for Kids
- \_\_\_\_\_ Monmouth County Targeted Population
- \_\_\_\_\_ Grandparents Respite Program

\_\_\_\_\_ I contacted DEPARTMENT OF CHILD PROTECTION & PERMANCY (DCP&P/DYFS) they will be paying for camp.

\_\_\_\_\_  
**Name of Caseworker/Person Responsible for Payment (CCR or DCP)**

\_\_\_\_\_  
**Phone Number and Extension**

