



2023 Camper Application

Camp Dates: June 26 – August 11
(Closed July 3 & 4)
Monday – Friday 8:30-3:00
Application Deadline: May 1, 2023

160 Conover Road, Wickatunk, NJ 07765
(p) 732-946-9694 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 2023 _____

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? _____ Do you currently receive SNAP/TANF? _____

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 **CAMPERSHIP** - If you cannot afford camp and have no outside funding, you may request a CAMPERSHIP. 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

