



# SAINT FLORIAN CENTER

## 2009 SUMMER YOUTH LEADERSHIP CAMP APPLICATION

2511 East 46<sup>th</sup> Street – Suite P-1; Indianapolis, Indiana 46205  
Office 545-6580 / Fax 545-6588 / Website: [www.saintfloriancenter.org](http://www.saintfloriancenter.org) Email: [firefightert@sbcglobal.net](mailto:firefightert@sbcglobal.net)

### CAMP FEES - \$50.00 PER WEEK

June 8<sup>th</sup>, 2009 – July 31<sup>st</sup>, 2009

**Application Deadline: May 29<sup>th</sup>, 2009**

**Final Payment's due by July 10<sup>th</sup>, 2009**

*Space is limited: 1<sup>st</sup> Come / 1<sup>st</sup> Served Junior Cadets (ages 6-9) Core Cadets (ages 10-13) Cash Club Cadet's (ages 14-17)*

**Non-Refundable Deposit \$50.00 (per cadet)**

**\$400.00 Total 8 Week Camp Fee**

*(Mandatory and due immediately before camp starts)*

*(\$50.00 per week x 8weeks regardless of vacations, etc)*

**Discounts: Sliding Fee Scale for Siblings & Partial Scholarships discussed with Executive Director**

**Camp Site: IPS School #27 (545 East 19<sup>th</sup> Street King Park) 8 am–4 pm (Early drop off at 7:30 am)**

**Thank You In Advance & Please Print! / Incomplete forms will not be accepted...**

Applicant Name \_\_\_\_\_ Sex: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Last 4 digits S.S. # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: Black / White / Hispanic / Asian / Interracial / Other \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

Returnee: YES or NO (please circle) Please identify your current school? \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Cellular Phone \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Sibling Age: \_\_\_\_\_ Number of Siblings Enrolled In This Camp \_\_\_\_\_ / Ages \_\_\_\_\_

In case of an Emergency Call: \_\_\_\_\_ Phone: \_\_\_\_\_

Send To Hospital \_\_\_\_\_ Doctor: \_\_\_\_\_

**Please list applicant's physical and mental health condition:**

\_\_\_\_\_ ADHD / Medications \_\_\_\_\_ Epilepsy \_\_\_\_\_ / Medications \_\_\_\_\_

\_\_\_\_\_ Asthma / Medications \_\_\_\_\_ Other \_\_\_\_\_ / Medications \_\_\_\_\_

Additional Comments \_\_\_\_\_

### Cadet Participation:

**Please place a 1 or a 2, by the activities you would like to do "The Most" this summer, & a check mark by other activities.**

Field Trips / Activities / Athletics:

_____ Golf	_____ Putt Putt	_____ Tennis	_____ Caves	_____ Football	_____ Museums	_____ Great Times
_____ Fishing	_____ Sailing	_____ Zoo	_____ Movies	_____ Choir	_____ Skating	_____ Drill Teams
_____ Baseball	_____ Aerobics	_____ Hiking	_____ Swim	_____ Computers	_____ Murals	_____ Cultural Tours
_____ Theater	_____ Volleyball	_____ Bowling	_____ Basketball	_____ Library	_____ Talent Shows	_____ College Tours

**Please complete the following locations that you would like to visit and or explore (that is not listed above).**

1. Career Choice: \_\_\_\_\_
2. Educational Outing or FUN Field Trip: \_\_\_\_\_

**THE parent AS A partner: Please list activities that you can assist us in this summer.**

- |   |  |
|---|--|
| <input type="checkbox"/> Weekly Volunteer                     | <input type="checkbox"/> Donate Extra Supplies ( <i>Based on 80 Cadets</i> ) |
| <input type="checkbox"/> Field Trip Transportation            | <input type="checkbox"/> Paper   |
| <input type="checkbox"/> Field Trip Chaperone                 | <input type="checkbox"/> Pencils / Markers                                   |
| <input type="checkbox"/> Donate Awards (Good Behavior)        | <input type="checkbox"/> Poster Board  |
| <input type="checkbox"/> Career Speaker (s)                   | <input type="checkbox"/> Blank Video Tapes                                   |
| <input type="checkbox"/> Cadets visit your job site           | <input type="checkbox"/> Movie Passes  |
| <input type="checkbox"/> Extra Funding from your job / church | <input type="checkbox"/> Computer Disks                                      |
| <input type="checkbox"/> Fundraiser Organizer                 | <input type="checkbox"/> Scissors  |
| Ex: Capital Campaign _____                                    | <input type="checkbox"/> Film  |
| Ex: Collect Pledges _____                                     | <input type="checkbox"/> Games (Rainy Day)                                   |
| Ex: Other _____   | <input type="checkbox"/> Athletic Equipment                                  |
| <input type="checkbox"/> Parents Cook Out Organizer           | <input type="checkbox"/> Snacks / Treats                                     |
| <input type="checkbox"/> Interview Boards                     | <input type="checkbox"/> Computer Programs                                   |
| <input type="checkbox"/> Health & Safety Module               | <input type="checkbox"/> J. C. Coloring Books                                |
| <input type="checkbox"/> Science & Engineering Module         | <input type="checkbox"/> Brain Teasers                                       |
| <input type="checkbox"/> Law & Government Module              | <input type="checkbox"/> Math Exercises                                      |
| <input type="checkbox"/> Business Module                      | <input type="checkbox"/> Books / Magazines                                   |
| <input type="checkbox"/> Art & Culture Module                 | <input type="checkbox"/> Blank Audio Tapes                                   |
| <input type="checkbox"/> Technology Module                    | <input type="checkbox"/> Skit Supplies                                       |
| <input type="checkbox"/> Ambassador Program                   | <input type="checkbox"/> Celebrate Birthdays                                 |
| Other _____   |  |
| Other _____   |  |

What changes or enhancements would you like to see in your child as a result of their attendance in our summer camp? Remember that we must work together at home & in camp to accomplish this!

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Increase Leadership Ability | <input type="checkbox"/> More Responsible             | <input type="checkbox"/> Shows Initiative     |
| <input type="checkbox"/> Sets Goals                  | <input type="checkbox"/> Develop action plans         | <input type="checkbox"/> Household Chores     |
| <input type="checkbox"/> Makes Better Decisions      | <input type="checkbox"/> Positive Attitude            | <input type="checkbox"/> Manners              |
| <input type="checkbox"/> Increase Analytical Skills  | <input type="checkbox"/> Expand Comfort Zone          | <input type="checkbox"/> Team Building Skills |
| <input type="checkbox"/> Increase Confidence Level   | <input type="checkbox"/> Improve Communication Skills | <input type="checkbox"/> Volunteer            |

***Please List Youth Leadership Activities / Roles at church, home, school, & in the community from 2008 & 2009?***

*(confidential statistical use only & must be completed for acceptance)*

Yearly Gross Income: \_\_\_\_\_ Female head of household?  Yes or  No  
 Number in household: \_\_\_\_\_ Do you participate in the school lunch program?  Yes or  No  
 Education level of guardians: GED/H.S. Diploma \_\_\_\_\_ Some college \_\_\_\_\_ College Degree \_\_\_\_\_ Trade School \_\_\_\_\_

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**YES! I want my child enrolled in this year's SFC Summer Leadership Camp.**

*I agree to allow cadet(s) to go on scheduled field trips & participate in scheduled programming. I understand that Educational Outings are a priveledge, & as with any program there is always a slight risk of injury from participation. I realize that the SFC will supply group accident insurance, but it may not cover all medical bills, so the balance is the responsibility of the cadets parents / guardians. We agree to hold the SFC program and sponsoring agencies harmless from all claims from cadet participation unless they were caused by negligence. Finally, I understand that activities are recorded and photographed to help promote the SFC programs.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I also agree to attend the Parent's Night Rules & Regulations Meeting TENTATIVELY on Thursday May 28<sup>th</sup>, 2009 (6:00 p.m. – 7:30 p.m.) IPS #27 (King Park) 545 East 19<sup>th</sup> Street. Take Central south to 19<sup>th</sup> street & make a left turn for 2 blocks.
- I understand that we will be encouraged to participate as a family in the "Relay for Life" at Howe High School (Date TBA)
- I agree to volunteer for "Let's Meet On Sesame Street" on Saturday 6/27/09 (either 9:30-1:30 pm; or 1-5pm; or 9:30 – 5pm)

\*\*\*\*\* **OFFICE USE** \*\*\*\*\*

Dep. \_\_\_\_\_ Paid in Full: \_\_\_\_\_ Date: \_\_\_\_\_ No. \_\_\_\_\_ Confirm Letter \_\_\_\_\_