



# SAINT FLORIAN CENTER

## 2010 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 1<sup>st</sup>, 2010 – July 23<sup>rd</sup>, 2010

**Application Deadline: May 28<sup>th</sup>, 2010**

**Final Payment's due by July 2<sup>nd</sup>, 2010**

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) The total for the 8 Week Summer Camp is \$400.00**

(Mandatory and due immediately before camp starts) (\$50.00 per week x 8 weeks regardless of vacations, etc)

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

**Camp Site: Center for Inquiry School (725 North New Jersey) 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                 | Paper <input type="checkbox"/>   |
| <input type="checkbox"/> Field Trip Chaperone                      | Pencils / Markers <input type="checkbox"/>                                   |
| <input type="checkbox"/> Donate Awards (Good Behavior)             | Poster Board <input type="checkbox"/>  |
| <input type="checkbox"/> Career / Professional Speaker (s)         | Blank Video Tapes <input type="checkbox"/>                                   |
| <input type="checkbox"/> Cadets visit your job site                | Movie Passes <input type="checkbox"/>  |
| <input type="checkbox"/> Extra Funding from your job / church      | Computer Disks <input type="checkbox"/>                                      |
| <input type="checkbox"/> Fundraiser Sponsor / Supporter            | Scissors <input type="checkbox"/>  |
| Ex: Capital Campaign <input type="checkbox"/>                      | Film <input type="checkbox"/>  |
| Ex: Collect Pledges <input type="checkbox"/>                       | Games (Rainy Day) <input type="checkbox"/>                                   |
| Ex: Other <input type="checkbox"/>                                 | Athletic Equipment <input type="checkbox"/>                                  |
| <input type="checkbox"/> Parents Cook Out Organizer                | Snacks / Treats <input type="checkbox"/>                                     |
| <input type="checkbox"/> Interview Boards                          | Computer Programs <input type="checkbox"/>                                   |
| <input type="checkbox"/> Health & Safety Module & ATOD-Free Module | J. C. Coloring Books <input type="checkbox"/>                                |
| <input type="checkbox"/> Art Module & Philanthropy Module          | Brain Teasers <input type="checkbox"/>                                       |
| <input type="checkbox"/> Science Module & Business Module          | Math Exercises <input type="checkbox"/>                                      |
| <input type="checkbox"/> Communication (Toastmasters) Module       | Books / Magazines <input type="checkbox"/>                                   |
| <input type="checkbox"/> Empowerment Module                        | Blank Audio Tapes <input type="checkbox"/>                                   |
| <input type="checkbox"/> Reading Supplies                          | Skit Supplies <input type="checkbox"/>                                       |
| <input type="checkbox"/> Ambassador Program                        | Celebrate Birthdays <input type="checkbox"/>                                 |

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 Buliding 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 2009 & 2010?***

***(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.*

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

I also agree to attend the Parent's Night Rules & Regulations Meeting on Friday May 28<sup>th</sup>, 2010 (6:00 p.m. – 7:30 p.m.)  
 Center for Inquiry Cafeteria (725 North New Jersey)

I understand that we will be encouraged to participate in the "IBE Kids Day" at the Indiana Convention Center on Monday 7/12/10 & will be encouraged to volunteer for "Let's Meet On Sesame Street" on Saturday 6/12/10

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