

**READY
FOR
SUMMER**

Civitan Acres



eggleston

2012

SUMMER VACATIONS @ CIVITAN ACRES

Session 1: June 25-June 29 OUT AND ABOUT!! Overnight only-Adults \$520

Start the summer off right! Come spend your vacation dancing, swimming and enjoying the town! This out and about group of campers will enjoy lunch or dinner out, a trip to Potts & Paints and also a trip to the movies.

Session 2: July 2-6 TAKE A BREAK WITH ART DAZE!! Day Camp and Overnight Camp-Adults \$520

Come take a break and show off your creative side with Art Daze! Enjoy the pool and other great art activities such as making t-shirts, jewelry and mosaic pieces. Enjoy a tour of local art museum and a trip to Potts n' Paints Ceramics. Campers will celebrate with a Fourth of July BBQ!

Session 3: July 9-13 COASTER MASTERS!! Overnight only-Adults \$560

Off we go to BUSCH GARDENS EUROPE! We never can get enough...Rides, Shows, and Rollercoaster's. Also enjoy a trip to the movies, the pool and an end of the week celebration!

Session 4: July 16-20 #1 FANS!! Overnight only-Adults \$520

Sport Fans come and enjoy a week of fun and games! Perfect for the Number #1 sports fan! Campers will enjoy bowling with lunch out, Mini Golf at the Ocean front and also a trip to the sports museum! Campers will end their week with an activity filled field day and BBQ!

Session 5: July 23-27 TAKE-A-BREAK with Life's A Beach!! Overnight only-Adults \$520

A must do! Come spend your vacation relaxing, swimming, and going to the pool. Campers will enjoy beach trips and picnics for some fun in the sun. Also enjoy a Beach Luau Party with dancing and crafts!

Session 6: July 30- Aug 3 THRILL SEEKERS!! Overnight only-Adults \$560

Here we go again to BUSCH GARDENS! We just couldn't get enough...Rides, Shows, & Rollercoaster's.

Session 7: August 6-10 ANIMAL ADVENTURES!! Day Camp and Overnight Camp- Adults \$520

End the summer right! Animal Lovers and adventurers, come spend your vacation taking trips to the zoo and the Virginia Marine Science Museum. There is fun throughout the week including dancing, swimming, crafts, and a cookout!

Attendance is not confirmed until \$125 deposit is received or camp fee is paid in full. If the total camp fee is not enclosed, balance is due by June 15th.

You will be eligible for a 10% DISCOUNT if you pay in full by May 31st.



Accredited By:

Please attach a recent photo



Civitan Acres
Vacation Services 2012
2210 Cedar Road Chesapeake, VA 23323-6303
Phone: 757-487-6062

FOR OFFICE USE ONLY
Date rec'd:
Date approved:
Session #:
Paid w/ app:
Paid by:
Doc #:
Quote #:

Please Mail Application—Do Not Fax

PLEASE CHECK THE DESIRED VACATION SESSION(S).

- Session 1 (6/25/12 to 6/29/12)
Session 2 (7/02/12 to 7/06/12)
Session 3 (7/09/12 to 7/13/12)
Session 4 (7/16/12 to 7/20/12)
Session 5 (7/23/12 to 7/27/12)
Session 6 (7/30/12 to 8/03/12)
Session 7 (8/06/12 to 8/10/12)

Applicant's Name Last First Preferred Name Telephone #

Address: City State Zip Fax #

Social Security #: Date of Birth: Age: Sex: Male Female

T-Shirt Size: Small Medium Large Extra Large XX Large XXX Large XXXX Large

If Applicant own guardian? YES NO Person Responsible for payment:

If No, Guardian/Authorized Representative: Name Address Telephone

Is this Applicant's FIRST time attending Civitan Acres Summer Vacations? YES NO Date Last Attended?

Optional Transportation: Please make sure this section is complete

- No Transportation Wheelchair Transport needed
For Overnights: Pembroke 6 Building parking lot-VA Beach
Tidewater Drive Eggleston site- Norfolk
For Day Camp: Pembroke 6 Building parking lot-VA Beach
Tidewater Drive Eggleston site- Norfolk

24 HOUR EMERGENCY CONTACT (This section must be completed-identify someone who can be reached at all times, including overnight. At all times is 24 hours a day!)

Primary Emergency Contact:

Name: Address: Phone: Cell:

Alternative Emergency Contact:

Name: Address: Phone: Cell:

INSURANCE INFORMATION: Please attach a copy of Insurance/Medicaid/Medicare card

Is the applicant covered by hospitalization insurance? YES NO

Carrier Policy or Group No. Medicaid/Medicare#

Camper's Physician or Healthcare Facility: Phone #:

Applicant's Name _____

MEDICATIONS: *Must be brought in Original Container(s) or Bubble Pack(s) & Include AUTHORIZATIONS!*

PLEASE LIST ALL MEDICATIONS CAMPER IS TAKING AND INDICATE PRESCRIBING PHYSICIAN
THIS DOES NOT REPLACE AN AUTHORIZATION (SEE PAGE 5)

MEDICATION	DOSAGE	PRESCRIBING PHYSICIAN

NATURE OF DISABILITY *All boxes must be filled in****** Please remember the more information you can provide will allow for a more enjoyable experience for the Vacationer!!

Primary Disability _____

Mental Retardation: YES NO Mild Moderate Severe Profound
Allergies: YES NO Autistic: YES NO
Type: _____ HIV Positive YES NO

Hepatitis Carrier: A B If yes, are they at a contagious stage? YES NO Immun. Date: _____

Seizures: Yes No Type _____ Frequency _____ *Date of last seizure _____

Describe any warning or aura before seizure _____ Is medication used for seizures? Yes No

Mobility Ambulatory (No assistance req'd) Wheelchair (manual): Can applicant push self? YES NO
Be sure to bring mobility devices with you! Walker Crutches Wheelchair (electric)
About how far can applicant walk/wheel self? _____

Transfers Is Assistance needed transferring to vehicle: Yes No Toilet: Yes No Shower: Yes No

Assistive Devices None Oxygen Prosthesis Braces Dentures
Be sure to bring assistive devices with you! Helmet Glasses Hearing Aid Other _____

Communication Difficulty expressing thoughts or wants/needs? YES NO
Do they use the following devices? Communication Board Facilitated Communication Sign language
 System of gestures (please describe): _____

Eating No assisting Partial assist Total assist Special/Provided utensils (*bring to with you!*)
Please list utensils _____

Diet Normal Chopped food Blended/Pureed Low Calorie
 Low Salt Diabetic (if yes, total # of calories _____) Special diet
 Food allergies: (list): _____

Bowel Bladder Control Always in control Sometimes Needs reminding Incontinent
 Needs assistance Toileting Wets Bed On a schedule: if yes, please describe _____
Incontinent (Uncontrolled urination/bowel movement) YES NO
Wears Depends or special undergarments? Day Night ****Please Provide Undergarments****

USDA Summer Food Service Program

THIS FORM MUST BE FILLED OUT REGARDLESS IF YOU ARE ELIGIBLE OR NOT

CIVITAN ACRES is eligible to receive assistance from the USDA for meals served to vacationers. Please help, by completing even if you don't think the vacationer is eligible and returning this form with your vacationer's application. This information is held in strict confidence.

PART 1:

Name of vacationer _____ Age _____

Enrolled in a school or educational program? NO YES.

If YES, then Name and address of school _____

PART 2: Complete this part if the vacationer is currently included in a Food Stamp, Food Distribution Program on Indian Reservation (FDPIR) or TANF Case: Food Stamp or FDPIR Case Number:

TANF Case Number: _____

PART 3: Please list the GROSS income (amount BEFORE deductions for taxes, social security, etc.) If the person has more than one sources of income, list each amount. Please indicate whether income is weekly, every two weeks or monthly. Use additional paper if necessary.

a. Name of Vacationer Only (Last, First) _____

b. Salary/Wages Before Deductions _____

c. Welfare, Child Support & Alimony _____

d. Pensions & Social Security _____

e. All Other Income _____

PART 4: Racial/Ethnic Identifying Information. Please check your racial or ethnic identity. You are not required to answer this question. We need this information; however, to be sure that everyone receives benefits on a fair basis. NO PERSON(S) WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, SEX, COLOR, NATIONAL ORIGIN, AGE, OR HANDICAP. White, not of Hispanic Origin Asian or Pacific Islander Black, not of Hispanic Origin American Indian Hispanic Alaskan Native

PART 5: Certification of Data and Signature: An adult household member MUST sign this application before it can be approved. Penalties for misrepresentation: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds, that the sponsor may verify the information on the application, and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Signature _____ Print Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____

Section 9 of the National School Lunch Act requires that, unless your child's food stamp or TANF case number is provided, you must include the social security number of the adult household member signing the application or, an indication that the household member does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is given.

Income Eligibility Guidelines

The Income Eligibility Guidelines are used to determine eligibility for free and reduced price meals in the Summer Food Service Program and other Child Nutrition Programs. These income levels are updated annually based on changes to the Consumer price Index, as required by the National School Lunch act.

This information is used as a guide for Civitan Acres summer camp. This does not qualify or disqualify a participant from the program.

INCOME ELIGIBILITY GUIDELINES													
		Effective from					July 1, 2011	to	June 30, 2012				
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %						
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY		
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES													
1	10,890	20,147	1,679	840	775	388	14,157	1,180	590	545	273		
2	14,710	27,214	2,268	1,134	1,047	524	19,123	1,594	797	736	368		
3	18,530	34,281	2,857	1,429	1,319	660	24,089	2,008	1,004	927	464		
4	22,350	41,348	3,446	1,723	1,591	796	29,055	2,422	1,211	1,118	559		
5	26,170	48,415	4,035	2,018	1,863	932	34,021	2,836	1,418	1,309	655		
6	29,990	55,482	4,624	2,312	2,134	1,067	38,987	3,249	1,625	1,500	750		
7	33,810	62,549	5,213	2,607	2,406	1,203	43,953	3,663	1,832	1,691	846		
8	37,630	69,616	5,802	2,901	2,678	1,339	48,919	4,077	2,039	1,882	941		
For each add'l family member, add	3,820	7,067	589	295	272	136	4,966	414	207	191	96		
ALASKA													
1	13,600	25,160	2,097	1,049	968	484	17,680	1,474	737	680	340		
2	18,380	34,003	2,834	1,417	1,308	654	23,894	1,992	996	919	460		
3	23,160	42,846	3,571	1,786	1,648	824	30,108	2,509	1,255	1,158	579		
4	27,940	51,689	4,308	2,154	1,989	995	36,322	3,027	1,514	1,397	699		
5	32,720	60,532	5,045	2,523	2,329	1,165	42,536	3,545	1,773	1,636	818		
6	37,500	69,375	5,782	2,891	2,669	1,335	48,750	4,063	2,032	1,875	938		
7	42,280	78,218	6,519	3,260	3,009	1,505	54,964	4,581	2,291	2,114	1,057		
8	47,060	87,061	7,256	3,628	3,349	1,675	61,178	5,099	2,550	2,353	1,177		
For each add'l family member, add	4,780	8,843	737	369	341	171	6,214	518	259	239	120		
HAWAII													
1	12,540	23,199	1,934	967	893	447	16,302	1,359	680	627	314		
2	16,930	31,321	2,611	1,306	1,205	603	22,009	1,835	918	847	424		
3	21,320	39,442	3,287	1,644	1,517	759	27,716	2,310	1,155	1,066	533		
4	25,710	47,564	3,964	1,982	1,830	915	33,423	2,786	1,393	1,286	643		
5	30,100	55,685	4,641	2,321	2,142	1,071	39,130	3,261	1,631	1,505	753		
6	34,490	63,807	5,318	2,659	2,455	1,228	44,837	3,737	1,869	1,725	863		
7	38,880	71,928	5,994	2,997	2,767	1,384	50,544	4,212	2,106	1,944	972		
8	43,270	80,050	6,671	3,336	3,079	1,540	56,251	4,688	2,344	2,164	1,082		
For each add'l family member, add	4,390	8,122	677	339	313	157	5,707	476	238	220	110		



Medication Authorization

A FORM MUST BE FILLED OUT FOR EACH MEDICATION!

Please note: medications must be delivered as it was originally dispensed from the pharmacy

Participants Name: _____

Site: Civitan Acres Summer Camp 2012

The following is to be completed by the **PHYSICIAN OR DESIGNEE:**

Name of medication: _____ **Dosage:** _____

Route: _____ (circle one) **DAILY** **PRN**

If given daily-specify time(s): _____

If given PRN - *describe:* _____

Indications: _____ *Frequency:* _____

Reason for Medication: _____

Possible Side Effects: _____

If side effects, occur notify Doctor: Yes__ No__ Any restrictions on activity(s)? Yes __ No __

If restrictions, what? _____

What instructions should be followed if the medication is omitted in error and discovered? _____

Less than 8 hours after scheduled dose? _____ More than 8 hours after scheduled dose? _____

When should the patient be re-evaluated? _____ Is this a controlled substance? Yes__ No __

Physician's signature: _____ **Date:** _____

Print Name: _____ **Address:** _____

Telephone: _____ **Fax:** _____

Participant, Care-provider and/or Legal Guardian should complete this section...

I will be responsible for bringing the prescription drugs to Eggleston in the original labeled container from the pharmacist. I also understand that I am responsible for maintaining a sufficient quantity of the medication at Eggleston to avoid any interruptions in the physician's orders. Failure to do this will result in termination of this authorization.

Participant Signature: _____ Date: _____

Authorized Representative _____ Date: _____

Telephone number: (home) _____ (work) _____

Medications must be in their pre-packed bubble packs, as received from the pharmacy. This policy covers all prescription and non-prescription such as Tylenol. The label must include the participant's name, route, dosage, time to be administered, quantity and the prescribing physician's name. (Call office for questions)



FOR OFFICE USE ONLY	
Date rec'd:	_____
Session #:	_____
HC Staff:	_____
Approved:	YES NO
Notes:	_____

MEDICAL FORM

Note: you do not have to use this form if you have a physical within the past year-your Physician may send us the previous copy

Dear Parent / Guardian:

Please complete form fully, it is extremely important. The form must be completed by the applicant's regular physician based upon an examination that has taken place within one year of the session starting date and must be received in our office no later than 10 days prior to the first day of the session the camper is attending. **After this date the applicant's reservation may be voided and filled by an applicant on the waiting list.**

NOTE TO PHYSICIAN: The information requested in this form is extremely important to the applicant's health and safety during participation in our vacation and respite services at Civitan Acres. In most cases the level of activity will be higher than normal and the daily routine will be different. Camp may have visiting nurse; however, we are able to provide only routine, basic health care. It is crucial that care be taken in thoroughly completing this form in the event that an emergency situation should arise. Thank you for your assistance in this important matter. *****Please attach a copy of a record of immunizations*****

APPLICANT'S NAME: _____ SEX: Male Female

DATE OF BIRTH: _____ Height _____ Weight _____ Blood Pressure _____

PRIMARY DIAGNOSIS: (please be specific)

Functional disabilities _____

Any communicable diseases? No Yes *If Yes, give name and treatment* _____

***DOES APPLICANT HAVE ANY LIFE THREATENING ALLERGIES?** Yes No

***TO WHAT?:** Bee sting or insect bite Pollen Serum Other _____

Food (Be specific) _____

Drugs (penicillin, etc.) _____ Other _____

Signs of allergic reaction _____

Recommended treatment _____

Please list any activities in which applicant may **NOT** participate or attach precautions or special instructions for routine camp activities: _____



Medical Form (continued)

Applicant's Name _____

Last Tetanus shot date: _____

Please examine the following areas:

	Normal	Abnormal (describe)		Normal	Abnormal (describe)
Eyes			Cardio-Vascular		
Ears			Respiratory		
Nose			Abdominal		
Throat / Mouth			Neurological		
Skin			Musculoskeletal		

Check if applicant has had any of the following and list treatment needed:

- Bleeding/Clotting disorders _____
- Frequent ear infections _____
- Heart defect disease _____

- Frequent Urinary Tract Infections _____
- Diabetes _____
- Shunt _____

Has applicant been hospitalized in the past year? YES NO reason: _____

Has applicant ever required any psychiatric treatment/counseling or hospitalization?

YES NO if yes Date/reason: _____

I have examined the above named individual and certify that they are in satisfactory physical condition, free from any contagious or infectious disease and capable of active participation in the regular vacation/respite program.

Signature of Physician completing physical: _____

Doctor's Name (Print) _____ Date of Examination: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

SELF CARE SKILLS (Level of Assistance, Check one)

	Independent	Verbal prompt	Limited Assist	Dependent	Explain
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Show ring:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toothbrush:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
having:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
treet Safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Sleeping Habits Sleeps through the night Sleepwalks Typically uses bathroom at night; times? _____
 Bedwetting _____ usual bedtime _____ Usual wake time Other Bedtime routines _____

SOCIAL BACKGROUND

Has applicant ever attended any other camp? NO YES **Been away from home overnight?** YES NO

Social Behavioral Information:

- Shy or withdrawn Interacts inappropriately with opposite sex Wanders Physically aggressive
- History of stealing Interacts inappropriately with same sex Excessive talking Verbally aggressive
- Inappropriate touching Interacts inappropriately with children Excessive teasing Memory deficit
- Fabricates stories Interacts inappropriately with strangers
- Particularly vulnerable (explain how) _____

Does applicant have any special behavior challenges or behavior plan? NO YES Please describe (attach copy of plan)

Can the applicant have unsupervised time YES NO If yes, how long? _____
 If yes, in what setting? Amusement Park Community Outings At Camp Only
 Applicant can independently handle all money: YES NO Counselor should keep control of all money YES NO
 Applicant can have some money, but needs supervision with purchasing. YES NO

Please add anything about home, work or school that may help the applicant enjoy themselves _____

Adult Vacation Program Fees: (Note: There is a \$100.00 non-refundable deposit required to guarantee your reservation(s) for the week(s) of your choice (the fee will be applied to the full cost of the program).

- Session 1, 2,4, 5, and 7 *Overnight—Monday thru Friday.....\$520*
- Sessions 2 and 7 *Day Camp—Monday thru Friday.....\$425*
- Sessions 3 and 6 *Overnight—Monday thru Friday.....\$560*

PAYMENTS

Payment is required by June 15, 2012. Payments can be made by *Cash, Visa, MasterCard, or check.* Please make checks payable to **Eggleston Services-Civitan Acres. A \$125.00 non-refundable deposit is required**

Total Fee \$ _____ -Less Deposit Enclosed \$ _____ =Balance \$ _____

Payment Method: Check Cash Visa MasterCard **or** Vacation Club Payment Plan
Credit Card # _____ Exp. Date _____
Name on Card _____ Signature of card holder _____

The following sections must be completed for your application to be considered.

- 1. **This application has my approval.** While Eggleston Services and Civitan Acres will take every reasonable precaution, it is agreed that the agency is not legally responsible for any accidents, incidents or injuries that may occur during the vacation. Applicant has my permission to engage in all vacation activities, including transportation as deemed necessary, except as noted by physician or myself.

Parent/Guardian/Adult Applicant _____ Date _____

****NOTE:** Due to safety issues, if the application is misleading, contains incomplete information and/or the applicant must be sent home due to illness or behavioral issues which endanger the safety of the participant or others, the Parent/Guardian/Residential provider will be responsible for return transportation. NO refund of fees will be made. It is also understood that if applicant must be sent home early, a reasonable response and pick-up time of no more than two hours shall be upheld, any such time after, the applicant will incur additional late fees.

Parent/Guardian/Adult Applicant _____ Date _____

- 2. It is agreed that in case of injury or medical emergency Civitan Acres may make arrangements for medical care and attention including emergency transportation to the nearest hospital; and Civitan Acres and the undersigned Parent/Guardian/Adult applicant agree that the emergency contact whose name and number appear on this application will be notified at the earliest possible opportunity. It is further agreed that the person and/or the appropriate Parent/Guardian specifically gives Civitan Acres the consent and authority to allow personnel at said hospital to take such medical steps and provide such care and attention as the medical personnel deem necessary to preserve and protect the life and limb of the above named person. Such consent shall apply when the person is unable to consent by reason of injury or other disability or handicaps, other than those listed on this application.

Parent/Guardian/Adult Applicant _____ Date _____

- 3. The participant and the Parent/Guardian agree to waive any and all claims for injuries, losses, or combination thereof, against Civitan Acres/Eggleston Services, it agents, employees, representatives and any other person acting for or on behalf of Civitan Acres/ Eggleston Services by reason of any services, treatment or combination thereof rendered for or to the above named person. It is understood and agreed that the Parent/Guardian/Residential provider will be responsible for any and all medical,hospital or combination thereof, expenses incurred. Civitan Acres is not responsible for any lost or stolen items.

Initials _____

- 4. **Photo Release:** I give permission for Eggleston Services to use photograph of myself for educational, marketing, public relations and/or training purposes. I agree that the photos and information regarding my participation may be published or used for purposes Eggleston Services deems proper. These uses may include lectures, public presentations, fairs, brochures, and other media opportunities. I release Eggleston Services and their personnel who deal with the photos of these events from any and all liability which may or could arise from the taking or use of such photographs.

YES NO

No applicant will be discriminated against because of race, age, sex, color, national origin, religion or disability.

Vacation Club 2012: Payment Slip

Name of Vacationer _____ Vacation Week _____ Check/Money Order # _____
Name of responsible party _____ Relationship _____
Contact Information (phone/cell #) _____
Payment: Circle amount enclosed \$ 100.00 \$ 75.00 \$ 50.00 other:

Payable to: Civitan Acres

Mail to: Accounting Department 1161 Ingleside Road Norfolk, Virginia 23502

-----CUT ON DOTTED LINE-----

Vacation Club 2012: Payment Slip

Due by 15th of month

Name of Vacationer _____ Vacation Week _____ Check/Money Order # _____
Name of responsible party _____ Relationship _____
Contact Information (phone/cell #) _____
Payment: Circle amount enclosed \$ 100.00 \$ 75.00 \$ 50.00 other:

Payable to: Civitan Acres

Mail to: Accounting Department 1161 Ingleside Road Norfolk, Virginia 23502

-----CUT ON DOTTED LINE-----

Vacation Club 2012: Payment Slip

Due by 15th of month

Name of Vacationer _____ Vacation Week _____ Check/Money Order # _____
Name of responsible party _____ Relationship _____
Contact Information (phone/cell #) _____
Payment: Circle amount enclosed \$ 100.00 \$ 75.00 \$ 50.00 other:

Payable to: Civitan Acres

Mail to: Accounting Department 1161 Ingleside Road Norfolk, Virginia 23502

-----CUT ON DOTTED LINE-----

Vacation Club 2012: Payment Slip

Due by 15th of month

Name of Vacationer _____ Vacation Week _____ Check/Money Order # _____
Name of responsible party _____ Relationship _____
Contact Information (phone/cell #) _____
Payment: Circle amount enclosed \$ 100.00 \$ 75.00 \$ 50.00 other:

Payable to: Civitan Acres

Mail to: Accounting Department 1161 Ingleside Road Norfolk, Virginia 23502

-----CUT ON DOTTED LINE-----

Vacation Club 2012: Final** Payment Slip******

Due by 15th of month

Name of Vacationer _____ Vacation Week _____ Check/Money Order # _____
Name of responsible party _____ Relationship _____
Contact Information (phone/cell #) _____
Did you receive a \$100 scholarship? _____ Amount enclosed for payment \$ _____
Final Remaining Balance enclosed \$ _____ (not sure? Call 757-487-6062)

Payable to: Civitan Acres

**Mail to: Accounting Department 1161 Ingleside Road Norfolk, Virginia 23502*



Application Check List

****NO LONGER ACCEPTING FAXED APPLICATIONS****

www.egglestonservices.org/programs_ca.html

This information will be held in the strictest confidence. Please answer all questions completely as the information will be used to provide a safe and enjoyable experience for the participant.

OUR OFFICE MUST RECEIVE THE FOLLOWING ITEMS BEFORE FINAL ACCEPTANCE IS GRANTED.

1. Vacation application: be sure all sections are completed*
2. Medication Authorization Request(s)—See perforated insert
3. \$125.00 non-refundable deposit (will be applied to the full cost of the program).
4. USDA Food Service Application
5. Copy of Medical Insurance Card(s)
6. Physical/Medical Form- must be less than one year old from date of camp session requested

***Civitan Acres will accept the application and deposit prior to the medical forms and medication authorizations being received. We understand that extensive time may be needed to complete those requests.**

2012 Scholarship Details

Eggleston will distribute scholarships on a first come/ first serve basis, based on financial need and are limited to one session. Funds used for scholarships are based on annual fundraising efforts and are not a *guarantee*. You will still need to provide a \$125.00 non-refundable deposit to reserve your vacation slot. In order to be eligible, complete the bottom section of the application on Page 8. In the event you receive a partial scholarship, we will apply the deposit towards the balance owed by you.

eggleston

Civitan Acres
2210 Cedar Road
Chesapeake, Virginia 23323

Non-Profit Org
US POSTAGE
PAID
NORFOLK, VA
PERMIT NO
2217

Summer Camp 2012

eggleston

Civitan Acres

