



CAMP BEGIN

The Summer Day Camp of
Hike & Heal Wellness

M A I L I N G A D D R E S S
6733 Hammersley Road Apt 2, Madison WI 53711



P H O N E
(920) 371-1289

E M A I L | info@hikeandheal.com W E B | www.campbegin.com

CONFIDENTIAL APPLICATION FOR CAMP BEGIN FEE ADJUSTMENT

Please type all information and return to info@hikeandheal.com or mail to the address above

CHILD'S NAME _____

AGE _____

ADDRESS _____

CITY _____ ZIP _____

CELL PHONE _____

EMAIL _____

IF PARENTS ARE DIVORCED, WHO IS CUSTODIAL PARENT? _____ CHECK IF JOINT CUSTODY

FEE ADJUSTMENT REQUEST FOR:

CAMP BEGIN [4 - 7 YEAR OLDS]

- ONE WEEK (\$295.00) \$_____ (Please list specific amount of scholarship requested)
- TWO WEEKS (\$580.00) \$_____ (Please list specific amount of scholarship requested)
- THREE WEEKS (\$865.00) \$_____ (Please list specific amount of scholarship requested)

CAMP BEGIN [8 - 14 YEAR OLDS]

- ONE WEEK (\$375) \$_____ (Please list specific amount of scholarship requested)
- TWO WEEKS (\$740) \$_____ (Please list specific amount of scholarship requested)
- THREE WEEKS (\$1105) \$_____ (Please list specific amount of scholarship requested)

FINE ARTS SERIES [4-18 YEAR OLDS]

- ONE WEEK (\$375) \$_____ (Please list specific amount of scholarship requested)

PARENT 1

NAME _____

ADDRESS _____

[IF DIFFERENT FROM ABOVE]

TELEPHONE _____

EMPLOYER _____

NUMBER OF YEARS EMPLOYED AT THIS PLACE _____

WORK TELEPHONE NUMBER _____

ANNUAL EMPLOYMENT INCOME \$ _____

CHECK HERE IF UNEMPLOYED

OTHER SOURCE(S) OF INCOME:

SOURCE _____ \$ _____

ONGOING OBLIGATIONS: _____

RENT/MORTGAGE AMOUNT \$ _____

OTHER (SPECIFY) _____ \$ _____

PLEASE DESCRIBE UNUSUAL EXPENSES & AMOUNTS:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

PARENT 2

NAME _____

ADDRESS _____

[IF DIFFERENT FROM ABOVE]

TELEPHONE _____

EMPLOYER _____

NUMBER OF YEARS EMPLOYED AT THIS PLACE _____

WORK TELEPHONE NUMBER _____

ANNUAL EMPLOYMENT INCOME \$ _____

CHECK HERE IF UNEMPLOYED

OTHER SOURCE(S) OF INCOME:

SOURCE _____ \$ _____

ONGOING OBLIGATIONS: _____

RENT/MORTGAGE AMOUNT \$ _____

OTHER (SPECIFY) _____ \$ _____

PLEASE DESCRIBE UNUSUAL EXPENSES & AMOUNTS:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

DID YOU KNOW YOU CAN PAY IN INSTALLMENTS? YOU CAN PAY IN 1, 2 OR 4 INSTALLMENTS. DOES THIS KNOWLEDGE REDUCE OR ALLEVIATE THE NEED FOR FINANCIAL ASSISTANCE?

YES No

IS THIS CHILD OR OTHER CHILDREN IN THE FAMILY RECEIVING OTHER FEE ADJUSTMENTS? [E.G., PUBLIC ASSISTANCE, DAY CARE, SCHOLARSHIPS]

PUBLIC ASSISTANCE AMOUNT(S) \$ _____

SCHOLARSHIP SOURCE(S) AMOUNT(S) \$ _____

OTHER SOURCE(S) AMOUNT(S) \$ _____

