

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

ADDRESS CELL PHONE		AGE	
		CITY	ZIP
		EMAIL_	
IF PARENTS ARE DIVORCED, WI	HO IS CUSTODIAL PARENT?		□CHECK IF JOINT CUSTODY
FEE ADJUSTMENT REQUEST FOR	:		
CAMP BEGIN [4 - 7 YEAR OLDS]			
☐ ONE WEEK (\$295.00)	\$	(Please list specific am	nount of scholarship requested)
☐ TWO WEEKS (\$580.00)	\$	(Please list specific amount of scholarship requested)	
☐ THREE WEEKS (\$865.00)	\$	(Please list specific am	ount 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 am	ount of scholarship requested)
FINE ARTS SERIES [4-18 YEAR OLI	OS]		
☐ ONE WEEK (\$375)	\$	(Please list specific am	ount of scholarship requested)

PARENT 1		PARENT 2		
NAME		NAME		
ADDRESS		ADDRESS		
[IF DIFFERENT FROM ABOVE]		[IF DIFFERENT	Γ FROM ABOVE]	
TELEPHONE		TELEPHONE		
EMPLOYER		EMPLOYER		
NUMBER OF YEARS EMPLOYED AT THIS PLACE		NUMBER OF YEARS EMPLOYED	AT THIS PLACE	
WORK TELEPHONE NUMBER		WORK TELEPHONE NUMBER		
ANNUAL EMPLOYMENT INCOME \$		ANNUAL EMPLOYMENT INCOM	ANNUAL EMPLOYMENT INCOME \$	
☐ CHECK HERE IF UNEMPLOYED		☐ CHECK HERE IF UNEMPLOYE	\square CHECK HERE IF UNEMPLOYED	
OTHER SOURCE(S) OF INCOME:		OTHER SOURCE(S) OF INCOME:		
SOURCE	\$	SOURCE	<u> </u>	
ONGOING OBLIGATIONS:		ONGOING OBLIGATIONS:		
RENT/MORTGAGE AMOUNT	\$	RENT/MORTGAGE AMOUNT	\$	
OTHER (SPECIFY)	\$	OTHER (SPECIFY)	\$	
PLEASE DESCRIBE UNUSUAL EXPENSES	S & AMOUNTS:	PLEASE DESCRIBE UNUSUAL EX	XPENSES & AMOUNTS:	
\$		-	\$	
\$		-	\$	
\$		-	\$	
\$			\$	
DID YOU KNOW YOU CAN PAY IN INSTAREDUCE OR ALLEVIATE THE NEED FOR			S THIS KNOWLEDGE	
☐ YES ☐ No				
IS THIS CHILD OR OTHER CHILDREN IN CARE, SCHOLARSHIPS]	THE FAMILY RECEIV	VING OTHER FEE ADJUSTMENTS? [E.G., 1	PUBLIC ASSISTANCE, DAY	
PUBLIC ASSISTANCE		AMOUNT(S) \$		
SCHOLARSHIP SOURCE(S)		AMOUNT(S) \$		
OTHER SOURCE(S)		AMOUNT(S) \$		

ANYTHING ELSE WE NEED TO KNOW? THIS IS A GREAT PLACE TO TELL WH	Y YOUR CHILD(REN) NEEDS THIS OPPORTUNITY.		
I CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED ON THIS APPLICATION FOR FEE ADJUSTMENT AND UNDERSTAND THAT THE FEE ADJUSTMENT WILL BE REVOKED IN THE EVENT OF MISREPRESENTATION.			
SIGNATURE_	DATE		