



YFT Summer Arts Plus Application 2016

For Information Call
Phone: 703-659-4524
FAX: 877-381-6103
EMAIL: TDTAdmin@yftva.com

- 7 week Camp Tuition: \$2,150 (approx. \$300 a week)
- Including Extended Day (2:30 - 4:00 p.m.): \$2,350
- Including Transportation: \$2,250
- Including Extended Day and Transportation: \$2,500
- Discount Tuition applied if paid in full by April 15, 2016: \$1,950

June 27 – August 12, 2016
9:00 a.m. to 2:30 p.m.
Ages 6 to 14

- **Registration deadline is May 15, 2016**
- **Limited enrollment, early registration recommended.**
- **There is a \$300 non-refundable deposit required to reserve a space.**
- **Pay in full by April 15th to receive a \$200 discount.**
- **Tuition Fees include Breakfast and Lunch**

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ Zip Code _____

Home Phone _____ School _____ Rising (Grade) _____

Date of Birth _____ SSN _____

Parent/Guardian: Last Name _____ First Name _____

Daytime Telephone Number _____ Cell Phone Number _____

E-mail Address _____

Emergency Contact other than parent/guardian:

Last Name _____ First Name _____

Relationship to the Student _____ Contact Phone _____

Gender: Male or Female **Race:** African-American White Hispanic Asian Other _____

Household Income: Less than \$10,000/\$10,000-\$15,000 \$15,000-\$20,000 \$20,000-\$25,000

\$25,000-\$30,000 \$30,000-\$40,000 Above \$40,000

Do you receive any government assistance? Yes No

How many people reside in your household? 2 3 4 5 6 7 8 9 10 11 12

Is your household a single parent household ? Yes No

Does your child receive any counseling services or behavior support services? Yes No

If yes, please provide information _____

YFT Summer **Art Plus Therapeutic Day Treatment (TDT) Program**

Is your child currently enrolled in a Therapeutic Day Treatment (TDT) Program? Yes _____ No _____

If yes, Name of Agency _____

Case Worker _____

Has your child been discharged from a school or summer program? Yes _____ No _____

Insurance information _____ Number _____

PARENT OR GUARDIAN AGREEMENT & AUTHORIZATION

I, as parent or guardian understand YFT and YFT Summer Arts Plus program takes reasonable precautions to insure the program and activities at YFT Summer Arts Plus are conducted by qualified personnel in a safe and responsible manner. However, I further understand these activities involve certain risks which include, but are not limited to, field trips, fitness activities, swimming and hiking. I, the undersigned parent or guardian of the camper, individually and on behalf of the camper, recognize these risks and agree to assume these risks by attending or allowing the camper to attend YFT Summer Arts Plus and participate in these programs.

I hereby give my child permission to participate in programs at the YFT Summer Arts Plus and agree YFT nor are its partners responsible for any injury the applicant may receive while in attendance in the program. The YFT Summer Arts Plus is not responsible for any injury or mishap that could occur should something happen to my child during their walk/drive to or from YFT Summer Arts Plus program or home unsupervised. I also hereby give YFT Summer Arts Plus

Staff permission to review academic progress and disciplinary actions at my child's school.

Parent Signature _____ Date _____

MEDICATION INFORMATION:

If your child requires any of the following medications, you **MUST** provide written permission for our medically certified staff to administer these medications or your child will not be able to attend the camp.

- a. Epi-Pen (prescription)
- b. Breathing machines
- c. Any prescription medications
- d. Inhalers

MEDICATION: (Written parental permission is required, in case of any adverse reactions. Sign below for this permission.) I give permission for YFT staff certified medical technicians to administer medications when necessary and will meet with the YFT nurse to discuss doctors' orders for medication management.

Parent Signature for Administering Medications

My child's swimming ability is: Please circle one

POOR GOOD EXCELLENT CANNOT SWIM!!

No – I do not give my child _____, permission to go swimming.
name

Yes – I do give my child _____, permission to go swimming.
name

Parent Signature _____ Date _____

Return to application: TDTAdmin@yftva.com or Fax 877-381-6103

You may register and pay online at: youthfortomorrow.org

Financial Assistance Available if Eligible for Therapeutic Day Treatment

Contact the YFT Admissions Office 703-659-4524 for eligibility requirements

***** Documented Day Treatment Assessments with Community Services Board (CSB) MUST be received 20 days prior to attendance. *****