



**City of Sunny Isles Beach**  
 Cultural & Human Services Department  
 18070 Collins Avenue  
 Sunny Isles Beach, Florida 33160  
 (305) 792-1706  
 (305) 792-1566 fax

# Summer Camp '08 Financial Assistance Application Form

## General Participant Information

Date: \_\_\_\_\_

Last Name		First Name	
Birth Date	Which camp(s) are you enrolling your child in?	<input type="checkbox"/> Tot-Lot <input type="checkbox"/> Adventure <input type="checkbox"/> Baseball <input type="checkbox"/> Soccer	<input type="checkbox"/> SIB <input type="checkbox"/> Jr. Lifeguard <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball
		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Check One	

## Parent Information

Mother's Name	Father's Name
Address	Address
City, State, Zip	City, State, Zip
Home Ph # (      )	Home Ph # (      )
Who has child custody: <input type="checkbox"/> Both <input type="checkbox"/> Other *(explain) <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Mother * <input type="checkbox"/> Father * _____	
*Must provide legal documentation if a parent has restricted parental rights.	

## Household Information:

Total household size:	# of adults: _____	# of children: _____
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## Income Information: (must provide copy of 2007 Income Tax Return)

Mother's Occupation:	Employment Information: (Name, Address and Phone Number)	Mother's Annual Income:	
Father's Occupation:	Employment Information: (Name, Address and Phone Number)	Father's Annual Income:	
Do you receive:	<input type="checkbox"/> Medicaid * <input type="checkbox"/> Food Stamps * <input type="checkbox"/> Other governmental assistance *	In the amount of:	* Please provide verification with application.

## Expenses: (copy of lease or mortgage payment statement may be requested)

Do you own or rent your home? <input type="checkbox"/> own <input type="checkbox"/> rent	Monthly payments:
Other unusual expenses:	Amount:

## Extenuating Circumstances:

Please state any special circumstances that may qualify you for assistance.	
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## I certify that all of the information herein is correct:

Print name:	Signature:	Date:
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**You must return this application form, along with a copy of your 2007 Income Tax Return to the Cultural & Human Services office by April 25<sup>th</sup>. This form does not guarantee a reservation for your child in summer camp. You must also register your child (registration fee and 10% deposit of camp fees required) in order to hold a space for the summer.**