

## **DCYF Application**

This is the application for the 6-week Camp EDMO® STEAM & SEL program subsidized by the SF Department of Children, Youth & their Families. Campers who receive financial aid must attend all 6 weeks with a maximum of four absences. Applications are reviewed on a rolling basis. The final submission date is May 15, 2020.

Dates & Hours: June 8-July 17, 2020 Locations:

Mon-Fri, 9am-3pm; Extended Care 8am-6pm Dolores Huerta Elementary, 65 Chenery St, San Francisco (Closed Friday, July 3) Thomas Edison Charter Academy, 3531 22nd St, San Francisco

(Note: If you are approved for the program, a 20% deposit will be due within 10 business days to reserve your spot.)

Parent Information				
First Name:		Last Name:		
Relation to Camper(s):		Email:		
Phone:	How did you hear about this program?			
Home Address:				
Locations and workshops				
Which location would you prefer to attend?  Thomas Edison Charter Academy (TECA), 3531 22nd St, San Francisco, CA 94114  Dolores Huerta Elementary, 65 Chenery St, San Francisco, CA 94131  I do not have a preference, either location is fine.  As part of this program, a parent/guardian must attend at least THREE weekly parent workshops at the camp location. Food and child care provided. The days and times for the workshop are as follows:  Dolores Huerta Elementary:  Thomas Edison Charter Academy:  Mondays @ 5pm  Tuesdays @ 8am  Thursdays @ 5pm  Please confirm you can attend at least three parent workshops during the summer.  Yes, I or another parent/guardian will attend at least 3 of the 6 parent workshops this summer.  No, neither I nor any other parent/guardian can attend any of the weekly parent workshops.  If you answered "No" above, please explain why a parent or guardian cannot attend either of the morning or evening parent workshops at your desired location:				

Financial Information				
Can you verify household income with a W-2 or Tax Return? YES / NO *Please note: You do not need to submit a W-2 or Tax Return with this application. We may reach out at a later date to request this information.				
# of Children(s) or Dependant(s):	# of Children(s) or Dependant(s):  Primary home language?			
Would you like extended care? <i>No additional fee</i> ☐ AM Care (8-9 am, M-F) ☐ PM Care (3-6 pm, M-F)	Do you qualify for free/reduced lunch at school?			ES / NO
What is the most you can pay for camp per week, pe	er child? (Note: 7	Fuition includes lund	ch, snack & extended car	re every day.)
□\$220 per week □\$160 per week	□\$100	per week	□\$75 per wee	ek
□\$50 per week □\$20 per week	□\$0 p	er week	□Other	
The higher the weekly amount, the more spots we	can offer to al	l applicants ind	cluding your family	<b>'</b> .
Are there any circumstances you would like us to tak We understand that income does not provide the entire story about financial aid for all who are in need of additional support to attend the as possible. Please provide as much information as you are able to	the situation you and e program. We wan	d your family might t to make sure we s	be facing. We will do ou serve as many students i	r best to provide In the program

Participant Information				
Full Name:			Gender: M / F / Prefer not to say (Circle one)	
Date of Birth: (Month/Day/Year)				
Please rank your child's English	Please rank your child's English proficiency.  Lunch Choice			
Not fluent 1 2 3 (Circle one)	1 5 Fluent	Circle one. Lunch included at no additional cost.	Regular / Vegetarian	
What race/ethnicity does your child identify as? (Please list the region or country of ethnic background)				
Does your child have any sp	ecial needs, and/	or require an aide at schoo	ol? If so, please describe.	

Participant Information				
Full Name:		Gender: M / F / Prefer not to say (Circle one)		
Date of Birth: Current Grade:	School:			
Please rank your child's English proficiency.  Not fluent 1 2 3 4 5 Fluent  (Circle one)	Lunch Choice Circle one. Lunch included at no additional cost.	Regular / Vegetarian		
What race/ethnicity does your child identify as? (Please list the region or country of ethnic background)				
Does your child have any special needs, and/o	or require an aide at schoo	ol? If so, please describe.		

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