



**2019 MILL RIVER PARK DAY CAMP
FINANCIAL ASSISTANCE APPLICATION**

*****PLEASE PRINT and submit via email to Tiffany Wilson, Camp Director, at tiffany@millriverpark.org*****

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code _____
School Name: _____ Grade (2018-19): _____

PARENT/ GUARDIAN INFORMATION

Parent/ Guardian Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
Email Address: _____ Home Telephone #: (_____) _____
Cell Phone #: (_____) _____ Work #: (_____) _____
Place of Employment: _____
Employer's Address: _____ City: _____ Zip Code _____

Parent/ Guardian Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
Email Address: _____ Home Telephone #: (_____) _____
Cell Phone #: (_____) _____ Work #: (_____) _____
Place of Employment: _____
Employer's Address: _____ City: _____ Zip Code _____

Please provide us with the following documents applicable to you, to determine aid:

Does your child receive free or reduced meals/milk? If yes, please send us a copy of the Parent Notification Letter from the State of CT Department of Education Office of Child Nutrition, or comparable proof of eligibility.

- Most recent tax return
- Last two consecutive paystubs or other income (ex: SSI, unemployment)

Please indicate which session(s) you are interested in for the 2019 camp season:

I certify that all of the information I have provided on this document is true and correct.

Signature

Date

Please submit this application to Tiffany Wilson, Camp Director via email at tiffany@millriverpark.org. Allow 7-10 business days for your application to be processed. Submitting incomplete applications will slow down processing times.