



Administrative Office: 2880A Sacramento Street (cross street Russell) Berkeley, CA 94702

Financial Assistance Form

General Information:

Our programs offer unique opportunities for kids to explore the natural world, connect with old and new friends and caring teens and adults, and to participate in a variety of fun, engaging activities. It is our hope that everyone should be able to participate in Monkey Business Camp programs. Thanks to the generosity of donor parents and the Founding Directors, we are able to provide some financial assistance. We have options for various discounts, so please mark on the next page the amount you are requesting, depending on the needs of your family. Assistance is limited, so apply as soon as possible.

How to Apply:

1. Please complete attached form (all info is considered confidential)
2. Along with your application, submit a copy of your 2 most recent pay stubs and your 2009 Federal Income Tax return. AFDC and SSI recipients must include a copy of your disbursement voucher. **APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS DOCUMENTATION.** If you submitted these documents for summer 2011 camp, please check the box on page 4.
3. Turn in completed applications to our office. Send by post, drop in our 24 hour accessible mailbox outside of our office, or scan the application and documents and e-mail to us. *Do not stop into the office.*
4. Applications must be received one month before the program start. Please check in with the office after this time to see if there is any possibility to apply after this cut-off.
5. We review applications weekly and will send notification regarding your award ASAP.
6. To confirm your acceptance of the award, you will need to submit a new camper registration form (page 5), only if your child is new to our program, and a \$25 deposit within one week. Final payment will need to be made by 10 days prior to the session's start, OR you will need to submit a payment plan (page 6, or see our website to find form, or contact office).



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**CONFIDENTIAL Application for Financial Assistance
School Breaks 2011-2012: Winter, February and/or Spring Camps**

Date of Application: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Telephone(s): _____

Employer's Name _____

Employer Telephone(s): _____

How many adults are in your household? _____ How many children? _____

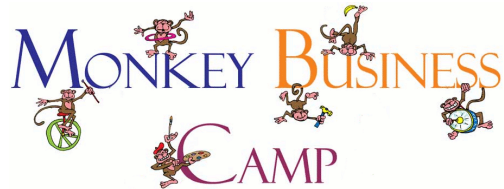
Please list the name of your child/children on the lines provided, and mark the box of the weeks she wishes to attend. Also mark if you need basic or full day and how much of a discount you are requesting. There is a maximum of 4 weeks/child that we can award.

Name of your Child: _____ Date of Birth _____

Additional Children: (submit another page if you desire different days/weeks for each child)

Name _____ Date of Birth _____

Name _____ Date of Birth _____



Basic Day (8:30am-3:30pm) price is \$300/week; 8:00-8:30 a.m. extended care is an additional \$20/week and 3:30-6:00 p.m. extended care is an additional \$80/week; 4 day Feb Camp fees are less. See web for details.

Please mark 4 weeks total/child and amount requested/week – by placing 'X's by your selections

Camp Weeks	Basic Day (8:30am-3:30pm)	8:00-8:30am extended care	3:30-6:00pm extended care	Request \$30/wk OFF	Request \$50/wk OFF	Request \$75/wk OFF	Request \$100/wk OFF	Request \$125/wk OFF	Request \$160/wk OFF
Dec 19-23									
Dec 26-30									
Feb 21-24									
April 2-6									
April 9-13									

Daily costs are \$65/day for 8:30-3:30, with an additional \$5/day for 8-8:30 extended care and \$18 a day for 3:30-6:00 extended care, for total of \$83 for 8:30-6:00, \$88 for 8-6. In order to apply for financial aid, your child must attend at least 3 days total.

Please mark 'X's by your selections. The higher discounts are for full day enrollments.

Camp Days	Basic Day (8:30am-3:30pm)	8:00-8:30am extended care	3:30-6:00pm extended care	Request \$10/day OFF	Request \$15/day OFF	Request \$30/day OFF	Request \$40/day OFF	Request \$50/day OFF
Dec 19								
Dec 20								
Dec 21								
Dec 22								
Dec 23								
Dec 26								
Dec 27								
Dec 28								
Dec 29								
Dec 30								
Jan 2								
Feb 21								
Feb 22								
Feb 23								
Feb 24								
April 2								
April 3								
April 4								
April 5								
April 6								
April 9								
April 10								
April 11								
April 12								
April 13								



Income Information	Amount
Total monthly income before taxes	
Social Security or Disability	
Child Support	
Parental Support	
Other	
Total Monthly Income	

Expense Information	Amount
Rent or Mortgage(Circle One)	
Car	
Utilities	
Other	
Other	
Total Monthly Expenses	

Please list any special or unexpected circumstances that may affect your financial status (can attach extra page).

- check box if you submitted financial paperwork for 2011 summer camp. You do not need to resubmit financial paperwork.

I acknowledge, by my signature below, that all of the information I have provided is true, accurate, and complete, to the best of my knowledge and I authorize Monkey Business Camp, Inc. to verify it. I acknowledge that I have read all of the policies and procedures and agree to abide by the Monkey Business Camp guidelines.

Signature _____

Date _____

For Office Use Only

Date Received _____

Date Reviewed _____

Award Amount _____

Total Due _____

Date Contacted Family _____

By E-mail _____ Post _____

Date Received Response from Family _____

Answer: Yes? _____ No? _____ Need Payment Plan? _____



Return this page to:
 Monkey Business Camp
 2880-A Sacramento Street
 Berkeley, CA 94702
 P: 510.540.6025
 F: 510.540.4708
 Or sign and scan and e-mail to:
office@monkeybusinesscamp.com

NEW Camper Registration Form

Camper Information:

First Name	Last Name	Date of birth	Gender
Additional Child	Last Name	Date of birth	Gender

Parent/Guardian Information:

Parent(s)'s Name(s) _____

Mailing/Billing Address	City	Zip
Email Address(es)	Home Phone	Work Phone(s) and/or Cell Phone(s)

Emergency Contact Information: *In case of emergency...* Please list **3 names & phone numbers, including yourself**, you would like us to call in order of preference (list 1 or 2 phone #s per person and indicate H, C or W in ()).

1) Name: _____ Relation: _____ () _____ () _____

2) Name: _____ Relation: _____ () _____ () _____

3) Name: _____ Relation: _____ () _____ () _____

PHYSICIAN: _____ Phone #: _____ Hospital _____

DENTIST: _____ Phone #: _____

Medical/Behavioral Information Include known allergies and medications. Attach additional page with desired plan of action in case of reaction : _____

Requirement to Disclose Special Needs-read details in Policies

Sign Out Information List all people authorized to pick-up your child (**aside** from parent/guardians and emergency contacts above): _____

Would you be interested in sharing your contact information with other families interested in carpooling? YES NO

Current School? _____ Where did you hear about our camp? _____

Indemnification Waiver (MBC =Monkey Business Camp)
 I certify that the children named are in normal health and give permission for them to participate in program activities. I hold blameless MBC and all involved in the program from any liability for any harm that befalls the child(ren) as a result of participation in the programs. I authorize the employees of MBC to consent to medical care to be rendered to said child(ren) upon the advice of a licensed physician. The undersigned further agrees that the employees of MBC are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment.

Printed Name: _____ **Signature:** _____ **Date:** _____

Photo Release (MBC =Monkey Business Camp)
 I hereby grant MBC the right and permission, in connection with photos and video taken of my child, his/her artwork or written work, the following: the right to use the above items, *without the use of names*, for promotional/advertising purposes, e.g. the internet and camp fairs.

Printed Name: _____ **Signature:** _____ **Date:** _____