

APPLICATION TO ATTEND CAMP KITAKI
Please Print

Name of Child: _____
Sex: M F Birth date: _____ Age at time of Camp _____
Address: _____ City _____ State: NE Zip: _____
Parents Name(s) _____
Home Phone: _____ Work or Cell Phone _____
County of Residence: _____

1. Size of Family: _____
2. Estimated Family Gross Annual Income \$ _____
3. Single Parent Household _____ Two Parent Household _____
4. Has this child ever attended camp before _____ Yes _____ No
5. If yes, which camp(s) and when? _____

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6. If yes, was it through this program _____ Yes _____ No.
 7. Are you applying to attend Camp Kitaki this summer through another agency _____ Yes _____ No
 8. Please indicate which session of camp your child can attend this summer
_____ June 1 to June 7, 2008
_____ July 27 to August 2, 2008
_____ Either Session is okay

9. Why would you like your son / daughter to attend camp?

10. Does your child have a history of behaviors or engage in conduct that would interfere with other campers' ability to have fun? _____
If yes, please explain. _____

11. Does your child have any "special needs"? _____
If yes, please explain. _____

PLEASE NOTE: If your child is awarded a scholarship and cancels after May 1, 200__ or does not show up for camp, you will be responsible for payment of \$399.00.

APPLICATION DEADLINE: Monday, March _____ – Applications must be in our office by this date.

**Return completed application to: Youth Service System
426 N. Broadway
Wahoo, NE 68066**