



**PHIT  
CAMP**

P.H.I.T. Camp is a program designed to provide a healthy lunch and fun activities for students who have completed 1st grade through 8th grade. In each session, participants will work in groups to help prepare a nutritious meal. They will also be introduced to a variety of crafts and activities that will keep them busy and moving throughout their summer vacation. The camp will run on **Tuesdays and Thursdays June 6th through July 13th** from 11am to 1pm. Space is limited.

**Registration Deadline: Friday, May 26th, 2017**

**Drop off form at the WRAC front desk. For questions, email [jocelyndoddridge@wraconfway.org](mailto:jocelyndoddridge@wraconfway.org)**

### Mail-In PHIT Camp Registration Form

Participant's Name: \_\_\_\_\_  
 Participant's Grade Level: \_\_\_\_\_  
 Participant's Birthday: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Food Allergies and/or Health Concerns: \_\_\_\_\_

**\$20 per participant  
 completed 2nd-8th grade**  
 Tues & Thurs June 6th—July 13th, 2017  
 11:00 am to 1:00 pm  
***Limited class space available***  
**Mail completed form with payment to:**  
**WRAC**  
**P. O. Box 447**  
**Wray, Co. 80758**

\*Occasionally, we may be leaving the site for various activities. There will either be bus transportation or we will walk short distances for these activities. We will be back at the WRAC in time for the kids to be picked up.

I give permission for my child to participate in these activities:  Yes  No

**Photo Release:** By signing this registration, I grant consent for my minor's photograph to be taken with participating in this program, to use and publish photographs in all forms of media including, but not limited to, newsletters, Facebook, and website use. I hereby waive any right I may have to review, inspect, edit, or approve such publication, and I release the WRAC from any claims I may have against it for use of such photographs.

**Waiver Statement:** I hereby release and absolve the Wray Rehabilitation & Activities Center, their employees, volunteers, and other participants involved in the program from liability and/or claims of damages arising from the injury received by the participants involved, whether due to remission of said parties, or other participants, or otherwise.

Parent Signature \_\_\_\_\_

# YUMA COUNTY DEPARTMENT OF HUMAN SERVICES

## Program Area 3 Participation Form

(TO BE COMPLETED BY FAMILY APPLYING FOR PROGRAM AREA 3 WITH YCDHS PROVIDERS)

**HEAD OF HOUSEHOLD INFORMATION**

LAST NAME	FIRST	MIDDLE	
MAILING ADDRESS: NUMBER		APT/UNIT #	
CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER
IS COLORADO THE CURRENT STATE OF RESIDENCE OF THE HOUSEHOLD?		YES #	NO #

**HOUSEHOLD MEMBERS LIST YOURSELF AND EVERYONE WHO LIVES WITH YOU (INCLUDING STEPPARENTS):**

LAST NAME, FIRST, MIDDLE INITIAL	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH	CITIZENSHIP U.S. Citizen, Qualified Alien, Unqualified Alien	WORK INCOME (MONTHLY)
	SELF					

**ELIGIBILITY CRITERIA AND FACTORS**

1. YES  or NO  The household income is less than \$75,000 per year. Annual household income = \_\_\_\_\_.
2. YES  or NO  There is a dependent child living in the home who is related to the adult within the 5<sup>th</sup> degree of kinship.
3. YES  or NO  The family has a specified need (listed here): \_\_\_\_\_

This application has been approved  
 This application has been denied Denial Reason: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.**

SIGN HERE (Authorized Agency Representative) \_\_\_\_\_ Date \_\_\_\_\_

# Acoplamiento uno

## Departamento de Servicios Humanos del Condado de Yuma Programa de área 3 forma de participación

(será llenada por las familias aplicando para el programa de los materiales de escuela de parte de YCDHS)

### INFORMACION DEL JEFE DE FAMILIA

APELLIDO		NOMBRE		SEGUNDO NOMBRE		
DIRECCION POSTAL		CALLE/PO BOX/RURAL ROUTE				APT/UNIT #
CIUDAD/PUEBLO	ESTADO	CODIGO POSTAL	NUMERO DE TELEFONO	ES COLORADO EL ESTADO DE RESIDENCIA DONDE RESIDE LA FAMILIA ?		
				SI #	NO #	

### MEMBROS DE LA FAMILIA (PONGA A USTED MISMO Y TODOS LOS QUE VIVEN EN LA CASA INCLUSO A LOS PADRASTROS)

APPELLIDO, NOMBRE, INICIAL	09-10 NIVEL DE GRADO	RELACION AL JEFE DE LA CASA	NUMERO DE SEGURO SOCIAL	SEXO M/F	Fecha de nacimiento	CIUDADANIA CIUDADANO DE LOS ESTADOS UNIDOS, RESIDENTE LEGAL, EXTRANJERO SIN TITULO	INGRESOS DEL TRABAJO (MENSUAL)
		Usted Mismo					

### FACTORES DE CALIFICAR

1. SI  or NO  Los ingresos son menos de \$75,000 por ano. Ingresos de la casa por un ano = \_\_\_\_\_.
2. SI  or NO  Hay un niño/a dependiente en la casa que es relacionada al adulto dentro del grado quinto del parentesco.
3. SI  or NO  Los niños/as son registrado en la escuela pública del Condado de Yuma. La Distrito de su Escuela: \_\_\_\_\_

Esta aplicación si califica.

Esta aplicación no califica. Razón de no calificar: \_\_\_\_\_

FIRMA DE PARTICIPANTE: \_\_\_\_\_ FECHA: \_\_\_\_\_

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.

SIGN HERE (Authorized Agency Representative)

Date