

Howe Summer Camp Application

P.O. Box 240, Howe, Indiana 46746
(260) 562-2131 or 888-Go-2-Howe (888-462-4693)
Fax (260) 562-3678

Registration # _____
Date Received _____
Application Fee _____
Laundry # _____

Applying Camper is to be enrolled in one of the following sessions:

2012 Camp Dates and Costs:

First 3 week Session, June 17-July 6.....\$2,200
Second 3 week Session, July 8-July 27.....\$2,200
Full 6 week Session, June 17-July 27.....\$3,500

I hereby submit an application for admission of my child (ward) to Howe Summer Camp, Howe, Indiana, for the term beginning _____ and ending _____ (See above dates).

1. Name of applicant _____
(first name) (middle name) (last name)

2. Date and place of birth _____
(month) (day) (year) (city) (state) (country)

Social Security Number _____ Citizenship _____

3. Name of parents/guardians _____

Mailing address _____ Email _____

City _____ State _____ Zip _____ Phone # _____

4. a. Are both parents living? _____ If one is deceased, which one? _____

b. Are parents divorced or separated? _____

c. Which parent has physical custody? _____ Is physical custody shared? _____

d. Do parents have joint legal custody? _____ (Please provide a copy of the custody agreement and any changes to the decree. If a copy of the decree and custody agreement is not provided, Howe Summer Camp will be unable to enforce the decree and custody agreement.)

e. Should the non-custodial parent receive grades and other school mailings? _____

If yes, Name _____ Address _____

City _____ State _____ Zip _____ Phone# _____

5. Custodial Father's occupation/title _____ Business name _____

Business address _____

City _____ State _____ Zip _____ Phone # _____

6. Custodial Mother's occupation/title _____ Business name _____

Business address _____

City _____ State _____ Zip _____ Phone # _____

