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APPLICATION FOR ADMISSION

Dreamer Information

I am applying for admission to (check all that apply) ___ Community Day ___ After School.
___ I am interested in receiving information about the Summer Camp Program.

Name: _____

☐ Male ☐ Female Date of Birth: _____

☐ African-American ☐ Native American ☐ Asian ☐ Hispanic/Latino ☐ European-
American/Caucasian ☐ Other: _____

Address: _____
Street City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Educational Information:

Current School: _____ Grade: _____

School Address: _____
Street City State Zip Code

School Phone number _____

The school is: ☐ Public ☐ Private ☐ Parochial

Please list any special needs related to the candidate's education: _____

Please list any previous schools attended

School Name	Address	Grades/Years

Medical Information

Please describe any illnesses, diseases, physical disabilities, or special needs which have affected or may affect your child's general health or participation in Camp of Dreams programming. _____

Allergies: _____

Describe Allergic reaction: _____

Dietary Restrictions: _____ Medications: _____

Family Physician or Medical Center: _____ Phone # _____

If your child has received or is receiving counseling, please share this information with us so we can better understand and respond to your child's needs. _____

Family Data

Camp of Dreams' preferred method of contact is by email and phone, so please list the best phone and email account at which you may be reached.

Primary Parent/Guardian: Mrs. ___ Ms. ___ Mr. _____

Home Address: _____
Street City State Zip Code

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail address: _____

Highest level of education: ☐ Some high school ☐ GED ☐ H.S. Diploma ☐ Some College
☐ A.A/A.S. ☐ B.S./B.A. ☐ M.S./M.A. ☐ Other _____

Employer: _____ Title: _____

Secondary Parent/Guardian: Mrs. ___ Ms. ___ Mr. _____

Home Address: _____
Street City State Zip Code

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail address: _____

Highest level of education: ☐ Some high school ☐ GED ☐ H.S. Diploma ☐ Some College
☐ A.A/A.S. ☐ B.S./B.A. ☐ M.S./M.A. ☐ Other _____

Employer: _____ Title: _____

Family Income:

Total Net Family Income: ☐ Less than \$30,000 ☐ \$30-60,000 ☐ Above \$60,000

Do you qualify for Title 20 financial aid (Medical Card, Free Lunch)? ☐ Yes ☐ No

If so, IDHS Case Identification Number: _____

Please list other children in the family (use separate sheet of paper if needed):

Name:

Age:

Please list any other individuals who you have authorized to discuss your child's participation in Camp of Dreams' programs (e.g., grandparents, siblings, aunts/uncles, etc...):

Emergency contact: _____ (____) _____
Name Phone

Emergency contact: _____ (____) _____
Name Phone

How did you hear about us? (Friend, Family, School, Organization) List their names:

SHORT ANSWER ESSAY

Please take a moment to answer the following questions – use a separate sheet of paper and attach to the completed application.

Dreamer (child):

1. Why do you want to be a part of Camp of Dreams? What do you hope to learn and gain from this experience?
2. What skills do you have that you are proud of? What skills do you want to work on?
3. What or who inspires you? What do you dream of being or doing when you grow up?
4. What is your definition of community? What is your definition of responsibility?
5. Tell us anything else you think we should know about you. (Examples: What makes you special and unique? What experience have you had that makes you want to be a leader? Who is your role model?)

Parent/Guardian:

1. Why do you want your child to be a part of Camp of Dreams? What do you hope that your child will learn and gain from this experience?
2. What skills or abilities are you willing to contribute to the growth of the CoD community? (i.e., recruiting other families, fundraising, event planning, volunteering, curriculum development, etc..)
3. When your child is frustrated or not behaving appropriately, what is the best way to get him/her back on task?
4. What is your definition of community? What is your definition of accountability?
5. Has your child ever stayed away from home for longer than one week? If not, what are some of your concerns about allowing your child to go away to camp?

Dreamer:

I pledge that I have written the essays for this application; no one wrote them for me, and I understand the expectations, responsibilities, and opportunities that come with being a part of the Camp of Dreams community. On my honor as a prospective Camp of Dreams participant, I have neither given nor received help on the Dreamer portion of this application.

Signature of Dreamer _____ Date _____

Parent/Guardian:

Camp of Dreams expects you as parent/guardian to be involved with your child's participation in our program. By signing this application, you are acknowledging that you are aware of our bi-monthly meetings that require individual family transportation, that you will attend any mandatory parent meetings, and communicate consistently by returning staff phone calls, text messages, emails or requests for paperwork. Your signature below indicates that all information provided on this application is complete and factually correct. Your signature also attests to the fact that you wish for your child to be considered for participation in the Camp of Dreams and that you understand that there is no guarantee of final acceptance into the program or participation at summer camp if accepted. In addition, your signature authorizes Camp of Dreams to request documentation, as needed, from the candidate's school, such as, academic reports, performance on standardized tests, disciplinary referrals, and enrollment in extra-curricular activities which we will use to evaluate a candidate's potential, as well as long-term performance.

Signature of parent/guardian _____ Date _____

Check list of paperwork to submit:

- ☐ **Application (pages 2-5)**
- ☐ **Dreamer Code of Conduct**
- ☐ **Liability Waiver/Confidentiality Form**
- ☐ **School Transcripts/Letters of recommendation (2)**

Please return this form, along with the recommendation letters and school records to:

Mail: Camp of Dreams
1235-A N. Clybourn, Suite 362
Chicago, IL. 60610

Fax: Attn: Program Director
Camp of Dreams
877-317-4176

Email:
info@campofdreams.org
Subject Line: CoD application packet

If you have questions, please contact Camp of Dreams at 312-649-5551.

TRANSCRIPT RELEASE STATEMENT

Please sign the release statement below and give this form to your child's school counselor. To complete your child's application, it is necessary that we receive a copy of his or her school transcript.

In accordance with federal and state laws, I hereby authorize _____
Current School

to release official transcripts and records for the student indicated below:

Student Name: _____

Address: _____
Street City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

Parent's Signature: _____ Date: _____

LETTERS OF RECOMMENDATION

Submit two letters of recommendations with this application packet, one from an educator (Counselor, Teacher, Principal, or Coach), and one from a community organization (or an individual) who knows the applicant outside of school. Please copy this page and give it to the people who are writing the recommendations.

To Whom It May Concern:

The above named child is applying to attend Camp of Dreams. We bring together students from various neighborhoods and schools in the Chicago area to help build social skills and to expose students to a variety of topics, such as academic, visual and performing arts, and physical activities. In all of our programs, we strive to foster accountability, community, respect, care, integrity, courage, and confidence within our students, whom we call Dreamers. Our Dreamers attend bi-monthly meetings on Saturdays during the school year and have an opportunity to attend our residential camp for 3 weeks during the summer. During summer camp, our Dreamers will live with approximately 6-8 other campers who function at similar levels of achievement and maturity. Please accurately address the following questions, so the staff can ensure the child will receive the appropriate attention that he/she needs during participation in our programs.

The recommendation should address the following:

- *How long have you known the applicant and in what capacity?*
- *What can you tell us about the applicant's academic performance, response to critique, openness to learning and trying new things, sense of responsibility, and overall attitude toward life?*
- *Please let us know why you think that the applicant will benefit from the Camp of Dreams.*
- *Do you feel the applicant will do well in a camp setting with structured activities? With unstructured time? Please be as specific as possible.*
- *What kinds of activities does the child have interest in? Are there any activities that cause him/her anxiety or stress?*
- *Are there any particular behaviors we should be aware of? Please use examples.*
- *What tools or methods work best for motivating/inspiring him/her?*

Please be as specific as possible and use examples as needed. Thank you in advance for helping make Camp of Dreams a great experience for our participants!