



The Works Museum Camp Scholarship Application

Thank you for your interest in camp at The Works. You can register for camp and apply for scholarships at the same time. There are no deadlines for application, but camps fill quickly and scholarship funds are limited, so please apply early.

A Scholarship is limited to two half day camps and a one day camp per child. Member discounts are not applicable with a camp scholarship; discounts cannot be combined. Please call The Works at (952) 888-4262 with any questions or for more information.

Please submit this form, along with your registration form and payment via:

- a) Email to camps@theworks.org
- b) Bring it in person
- c) Mail to The Works Museum, Attn: Camps
9740 Grand Ave S
Bloomington, MN 55420

If a camp is full and we are unable to accommodate your child, we will return payment to you.

50% scholarship: If your child or your family receives free/reduced price lunch at school, or assistance from SNAP, TANF, MFIP, WIC, SSI, Section 8 housing, Medical Assistance or Medicaid (not Minnesota Care) your child is eligible for a 50% scholarship.

Please check the program your family participates in and sign the form. Mail the following to The Works (see address above):

- o A copy of proof of enrollment in the program you checked **or** a copy of your most recent Federal tax return
- o Camp enrollment form
- o Payment for the camp requested

<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP	<input type="checkbox"/> Free or reduced lunch program
<input type="checkbox"/> MFIP	<input type="checkbox"/> Section 8 housing	<input type="checkbox"/> Medical Assistance
<input type="checkbox"/> WIC	<input type="checkbox"/> SSI	<input type="checkbox"/> Medicaid (not Minnesota Care)

25% scholarship: A limited number of camp scholarships for 25% off camp fees are available for other families in need of assistance, based on financial status and availability of funds.

_____ total family gross yearly income _____ number of children in family

_____ most recent monthly gross income for your family

_____ other income (child or spousal support, student grants)

Additional information concerning your financial situation (optional)

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need for camp scholarships.

Signature of parent or guardian

date

**Submit your form by mail to:
The Works Museum, Attn: Camp, 9740 Grand Ave S, Bloomington MN 55420.**



Camp Registration Form

Camper Information

Child 1: _____ Date of birth: _____ Age: _____ Gender: _____

Allergies, Medications, Conditions: _____

Dietary Restrictions: _____

Child 2: _____ Date of birth: _____ Age: _____ Gender: _____

Allergies, Medications, Conditions: _____

Dietary Restrictions: _____

Child 3: _____ Date of birth: _____ Age: _____ Gender: _____

Allergies, Medications, Conditions: _____

Dietary Restrictions: _____

Parent Information

Parent 1: _____

Parent 1 phone: (_____) _____ Parent 1 Email: _____

Parent 2: _____

Parent 2 phone: (_____) _____ Parent 2 Email: _____

Address:

Street: _____

City: _____ State: _____ Zip: _____

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Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

Become a member today and take **10% off**** the price of camp!
Add a Family Membership for \$80 for other membership options, visit the Membership page on our website: www.theworks.org.

+Add a membership +\$ _____

I am a Member: Yes No

Minus Scholarship OR Member Discount (10%)** -\$ _____
**Member camp discounts may NOT be combined with camp scholarships

Total due with registration =\$ _____

Method of payment:

- Cash/Check (Please make checks payable to The Works)
- Visa/Master Card/Amex/Discover
 - Name on Card: _____
 - Card Number: _____
 - Expiration date: _____ CVV code: _____

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The Works Camp Policies:

- **PARTICIPANT BEHAVIOR:**
 - The Works Museum makes the safety and enjoyment of all campers a top priority.
 - If the safety of staff, campers, or property is at risk, the camper will be removed from class immediately and sent home.
 - If a behavior issue occurs, educators will redirect campers.
 - If the behavior continues, campers will be removed from the classroom and parents will be called. Education staff, parent, and camper will work together to problem-solve the situation and create a behavior plan for the camper so s/he can return to camp.
 - If behavior issues continue, the camper will be removed from class and sent home for the day.
 - If it is determined that a resolution cannot be met, The Works reserves the right to remove a child from camp. No refund will be issued under these circumstances.

- **HOSPITALIZATION:** I give permission for my child to be transported to the nearest medical facility if emergency medical attention is needed.

- **AGE-EXCEPTION POLICY:**
 - No age exceptions will be made for Pre-K camps. Campers must be entering a Kindergarten program in September.
 - Campers **MUST BE IN OR HAVE COMPLETED** Kindergarten by the camp start date to register for camps in the 6-8 year old section.
 - If a camper will turn 9 years old within 3 months of the camp start date, they may register for a camp in the 9-12 year old section. If the child is younger than this and the parent wishes to register them for a camp in the 9-12 year old section, the parent must provide a letter:
 - From a teacher or adult mentor who has worked with their child
 - On school letterhead
 - Addressing the child's ability to work with older children in terms of their social/emotional, fine-motor and cognitive skills.
 - The child will be registered for one camp outside of the age range; our staff and the parents will communicate about the child's ability to continue to take future programs with age exception.

- **PHOTOGRAPHS:** Registration for camp implies permission to use photographs of students for promotional purposes only. Children will not be identified by name.
 - Please check here if you do NOT give permission for photographs to be used for promotion.

- **CANCELLATION POLICY:**
 - Cancellation 30 or more days before camp start date: 50% of camp fee will be refunded OR you can receive a voucher for the full amount to be used for future camps.
 - Cancellation 14-29 days before camp start date: You will receive a voucher for the full amount.
 - Cancellation 13 or fewer days before camp start date: No refunds or vouchers will be issued.

I agree to the above policies.

Signature _____ Date _____

Comments (use back of form as needed):

Office Use Only: Date Form Received: _____ Date Confirmation Sent: _____

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