



**2018 Summer Arts and Leadership Camp  
Permission Form  
June 18-July 26, 2018 Monday-Thursday  
Ages 8-14**

Child's Name \_\_\_\_\_  
 Child's DOB \_\_\_\_\_  
 Child's Gender \_\_\_\_\_  
 Child's Ethnicity \_\_\_\_\_  
 Current Grade/School \_\_\_\_\_

*Please circle your home's yearly income rate based on the amount of people at your residence below.*

**County Income Level Guidelines**

2017	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very Low Income (30%)	13, 650	15, 600	17, 550	19, 450	21, 050	22, 600	24, 150	25, 700
Low Income (50%)	22, 700	25, 950	29, 200	32, 400	35,000	37, 600	40, 200	42, 800
Low Income (60%)	27, 240	31, 140	35, 040	38, 800	42, 000	45, 120	48, 240	51, 360
Moderate Income (80%)	36, 300	41, 500	46, 700	51, 850	56,000	60,150	64, 300	68, 450
Area Median Income (100%)	45, 400	51, 900	58, 400	69, 800	70,000	75, 200	80, 400	85, 600
Middle Income (120%)	54, 480	62, 280	70, 080	83, 760	84,000	90, 240	96, 480	102, 720

Please Print Your Name (Parent/Guardian) Name, Address, and Phone below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Working with IRC: Yes \_\_\_ No \_\_\_

Does your child have allergies to any foods, insects, medications, or anything else you can think of? Yes No

Is your son/daughter taking any medications at this time? Yes No

If Yes, what are they, when are they administered, and what are they for?

Does your son/daughter have any physical restrictions that would stop him/her from participating in a full day hiking, backpacking, or rock climbing activities? Yes No

If Yes, please explain:

Will your son/daughter NEED transportation to our program? Yes No

Please tell us how best to get ahold of you during the day (8:00am to 6:00pm) in case of emergency, or give us the name of an emergency contact and how to get ahold of this person:

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Is there anything else we should know about your child/children to help us make camp a fun, safe and exciting place this summer? (planned absences, potentially stressful or difficult events, special accommodations)

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**Please Sign**

I, \_\_\_\_\_ as Parent/Guardian of \_\_\_\_\_  
Am fully aware of the Summer Arts & Leadership (SALC) program plan, activities, and requirements. I give permission for my child/children to participate. I understand he/she/they will be expected to attend all sessions and participate in accordance with a behavior agreement created by students and staff. I give permission for my child/children to be transported by SALC staff in personal vehicles when necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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In choosing SALC, please rank the importance of the following factors:

Not Important At All	Almost No Importance	Neutral	Somewhat Important	Very Important	
1	2	3	4	5	Cost of Camp
1	2	3	4	5	Leadership Development
1	2	3	4	5	Transportation to Camp
1	2	3	4	5	Something to do
1	2	3	4	5	Outdoor/hiking activities
1	2	3	4	5	Pool time
1	2	3	4	5	Time spent in the community
1	2	3	4	5	Arts and crafts activities
1	2	3	4	5	Problem solving
1	2	3	4	5	Music
1	2	3	4	5	Academic enhancement
1	2	3	4	5	Conflict resolution skills