



EightCAP, Inc.
Presents



A SUMMER OF FUN AT CAMP WAH WAH TAY SEE

Dear Parent or Guardian:

Your child is invited to attend the Summer Camp located on the grounds of Camp Wah Wah Tay See in Greenville. Each camper will be enrolled in one session. The camp is designed to provide experience for children and adults who receive, or have received, special education services. There will be swimming, singing, nature study, crafts, games, hiking, archery, campfires, and cookouts.

**Camp Wah Wah Tay See is located at: 825 South Street
Greenville, MI 48838
(616) 754-1376**

2010 Camp Schedule

Please circle the session you wish for your camper to enroll in.

Session	Time / Date	Ages
1	July 5 th – July 8 th	5-10
2	July 12 th – July 15 th	11-15
3	July 26 th – July 29 th	16-17 & Adults
4	August 2 nd – August 5 th	Adults

***** A \$20.00 fee per camper is required to confirm space. Please enclose fee with this form.***
Fee is nonrefundable should you decide to cancel.**

Contact EightCAP, Inc. if you are in need of financial assistance for the cost of camp.

Please send Registration/Permission Form and Fee to:

**EightCAP, Inc.
904 Oak Drive – Turk Lake
Greenville, MI 48838
(616)754-9315**

I give my permission for _____ to attend the 2010 Camp Wah Wah Tay See
camping season. (Camper's Name)

Address _____
(Street) (Route/Apt No.) (Box #)

(City) _____ (Zip) _____ (Area Code / Phone Number) _____

Birth date _____ Age _____ Male or Female (Circle)

Teacher _____ School _____

Parent or Guardian Name _____
(Please Print)

(Parent/Guardian Signature) (Date)

Additional information and forms will be sent to you regarding camp registration time, camper health information, camper pick up time, etc.

If you need additional copies of the registration, they may be printed from our website at www.eightcap.org under the "Community Services" tab.

EightCAP, Inc.



SIGNED, SELF DECLARATION OF ELIGIBILITY for Community Service Block Grant programs

The Michigan Department of Human Services (DHS) requires that any direct beneficiary(s) of assistance that is provided by Community Service Block Grant (CSBG) must come from *households* that meet certain income eligibility criteria. In the administration of the programs, EightCAP, Inc. must be able to provide documentation that services went to eligible beneficiaries. HOUSEHOLD INCOME MUST BE VERIFIED FOR THE 90 DAYS (OR 13 WEEKS) PRIOR TO, AND INCLUDING, THE APPLICATION DATE. If you have questions while filling out this self-declaration, please contact the appropriate Community Services Office:

Gratiot County (989) 463-5693	Isabella County (989) 772-0110
Ionia County (616) 527-2337	Montcalm County (616) 754-2660

By signing this Declaration, you are acknowledging and agreeing to the fact that your household meets the income limits outlined below, and that members of the household are eligible for CSBG programs. If a household is over the income limit, no member of that household is eligible for CSBG

name of participant/client: _____ date of application: _____

street address: _____ city: _____ state: _____ zip: _____

telephone number: _____

Please indicate the total number of members in participant's household: _____

Please indicate the TOTAL Household Income for ALL Members of the participant's house for the past 90 days: _____

Please Indicate the program that you are requesting assistance with: Camp Wah Wah Tay See 2010

HOUSEHOLD SIZE	ANNUAL INCOME LIMIT
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
9	\$81,500
10	\$88,980
<i>Add \$7,480 for each additional family member</i>	

HOUSEHOLD SIZE	90-Day (13 Week) INCOME LIMIT
1	\$5,415
2	\$7,285
3	\$9,155
4	\$11,025
5	\$12,895
6	\$14,765
7	\$16,635
8	\$18,505
9	\$20,375
10	\$22,245
<i>Add \$1,870 for each additional family member</i>	

By signing below I, _____ (write name), affirm, under penalty of prosecution, that the household income that I indicated above is true to the best of my knowledge and it accurately reflects the household income of the participant(s) that will be receiving direct CSBG assistance. If the participant is under the age of 18 years old, I attest to the fact that I am the parent or legal guardian of the child and have the legal authority to sign on their behalf

PLEASE ATTACH COPIES OF ANY APPROPRIATE DOCUMENTATION
(i.e., pay check stubs, pay check printout, on-line bank statements, etc.).

(signature)

(date)