PROGRAM FEE INFORMATION & FEE ASSISTANCE AVAILABILITY:

Summer Camp Program Fee Assistance:
Fairfax County Therapeutic Recreation Service's goal is to have all programs accessible to all residents. Therefore fee reductions for summer camps are available on a sliding scale, based on household income.

Summer Camp Program Fee:
Please use the below chart for a listing of TRS summer camp program fees. Fees are offered on a sliding scale in accordance with your family's total annual income.

Family's Annual Income	Weekly Summer 2010 Program fees			
	Week 1	**Weeks 2 , 3, 4 & 5**	**Week 6**	**All 6 Weeks:**
$40,000 or higher	$65.00	$70.00 per week	$65.00	$410.00
$28,000 - $39,999	$50.00	$55.00 per week	$50.00	$320.00
$17,000 - $27,999	$30.00	$35.00 per week	$30.00	$200.00
$16,999 or lower	$20.00	$25.00 per week	$20.00	$140.00

Potential Questions to help clarify Program Fee Assistance:

Q: Is financial assistance available?
A: Yes, the sliding scale program fees allows for a reduced fee based on family income

Q: My son/daughter receives a state Medicaid Waiver (i.e. MR/DD waiver). Does that automatically qualify them to have their summer camp program fee waived?
A: No, individuals receiving Medicaid waivers will be required to use the above sliding fee scale based on family income and pay the associated program fee(s).

Q: Are additional scholarships available?
A: Yes, if additional financial assistance is needed, a scholarship fund is available on a case by case basis to supplement campers' registration fees. Please contact the Therapeutic Recreation office at 703-324-5532 for scholarship guidelines and to request an application.

Payment Form:
(Registrations cannot be processed without the return of this form)

Participant's Name_____

STEP 1: Identify weeks you wish to attend camp.
Please check the box under the week(s) you would like to register your son/daughter for.

STEP 2: Identify family's annual income
Please check the box next to your family's combine annual income.
**your honest statement of income is appreciated*

STEP 3: Find your total summer camp payment
Total the cost of each week according to your appropriate income bracket and place that amount in the "Total Amount Due" line below the table.

WEEKS Requested:		**Week 1** 7/5-7/8	**Week 2** 7/11-7/15	**Week 3** 7/18-7/22	**Week 4** 7/25-7/29	**Week 5** 8/1-8/5	**Week 6** 8/8-8/11	**ALL 6 Weeks**
Please check all the weeks you wish to attend		☐	☐	☐	☐	☐	☐	☐
Family Income		**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**All 6 weeks**
☐	**$40,000 and higher**	$65	$70	$70	$70	$70	$65	$410
☐	**$28,000-$39,999**	$50	$55	$55	$55	$55	$50	$320
☐	**$17,000-27,999**	$30	$35	$35	$35	$35	$30	$200
☐	**$16,999 or lower**	$20	$25	$25	$25	$25	$20	$140

Total amount due: $_____

Total amount enclosed $_____

STEP 4: Identify method of payment.

Method of Payment:
- ☐ Check - payable to Neighborhood and Community Service (NCS)
- ☐ Check #_____
- ☐ Money Order
- ☐ Credit Card (____ Visa ____ Mastercard ____ American Express ____ Discover)

  Credit Card Number _____ Expiration Date: _____

  Signature of Card Holder: _____
- ☐ Paying by the week: If you have chosen this option, you will receive a sheet of weekly payment vouchers. The vouchers must be returned along with your weekly payments for tracking purposes.

Please Note: Your payment will be processed upon receipt unless you are paying weekly or you request otherwise.