

Sully Community Center in partnership with Park Authority Registration Application and Approvals & Agreements

Sully Community Center Sports & More programs are for ages 5 ½ years old -12 years old.

Registration: may be made in person during business hours at the Sully Community Center located at 13800 Wall Road, Herndon, VA 20171 Prior to submission, please create an online account using instructions below.

Section 1 - Online Account Creation

A **NCS General Membership** is required. Parents/Guardians must create an account in the NCS RecCDynamics Registration system. All youth participating in NCS Programs must be included on the account of the Parent/Guardian. To create an account, follow these steps:

- 1. Go to the NCS website at: www.fairfaxcounty.gov/neighborhood-community-services/ncs-registration-system
- 2. Click the link "CREATE YOUR NCS ACCOUNT TODAY!"
- 3. Select "Create Account" at the top right corner of the screen.
- 4. **Complete the required information** under the following sections: General Information, Address, Other, Primary Language and Emergency Contact.
 - If you are 50 years or older and you do not wish to attend a senior center, please skip the "Senior Center Membership Request" section to include the Eligibility Acknowledgement.
- 5. Check the box for the Registration Agreement and review the Virginia Freedom of Information Act (VFOIA).
- 6. When you are ready, select "Create Account" and your new account will be active.

If you have any other questions about the new online registration system or need any assistance with setting up your account, please contact us online or email NCS-RMSProcessing@fairfaxcounty.gov. You can also contact Sully Community Center staff.





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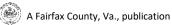
Section 2 – Registration Form

GENERAL INFORMATION (Please Print Clearly)

Last Na	Last Name*					First Name*						Middle Initial		
		1		<u> </u>			,							
Birth Da	ate (mm/dd/yyyy)*				Gender*					Primary Language*				
		☐ Age (5-12 Yrs.)	☐ Ag	e (12+	- 18)	☐ Mal	е	☐ Fem	ale				
Race*			- NI-45		-	¬ nıı	Af.:			□ N-+i	[]!	: D-	-:£:- -	
Race	☐ American Indian	and Alask	a Native	☐ Asia		⊐ Biaci Americ	k or Afric an	an		□ Nati	ve Hawai	ian or Pa	cific Islander	
	☐ White or Caucas	ian 🗆 C	Other Race	(List)						☐ Pref	er not to	say		
Ethnicit	ty* ☐ Hispanic or I	atino	□ Not His	nanico	r Latin				☐ Prefer	not to c	21/			
Limitin	ny Li Hispanic Of L	atiiio	□ Not His	рапіс о	Latini	J			□ Pleiei	1101 10 5	ау			
Street A	Address*					Apt	#	City	, *			State*	Zip Code*	
Primar	ry Phone*	1				Seco	ndary P	hone	<u> </u>					
							ridai y i							
Email A	Address (Email address	is required fo	or online acce	ess to Rec	CDynami	cs)								
Other E	Email (FCPS Student/Ot	her)												
Emorgo	ency Contact Last Nar		Emergen	cy Cont	act Eir	rt Nam	Name* Primary Phone*			*	Secondary Phone			
Lineige	ency contact Last Nai	iie	Lillergei	icy com	act i ii	st ivaiii	ic .	Primary Phone			36	econdary	riione	
ΗΕΔΙΤΗ	I INFORMATION (P	lease Prin	nt Clearly)											
Please see	e the Center Director/Pr			ticipant ı	requires	medica	ation, incl	uding	EpiPen an	d/or inha	lers for ad	lditional a	uthorization	
forms.														
Are the	re any special accom	modation	to be cons	idered?	* If. v	es please	e consult w	vith NC	CS staff.			Yes	□ No	
Medica					,1		Sensitivit				<u> </u>		1	
				:										
	I INFORMATION Co e the Center Director/Pi		-			medica	ation incl	udina	EniPen an	nd/or inha	lers for an	lditional a	uthorization	
forms.									_p c.i aii					
(List me	edications to be admi	nistered d	luring cent	er/prog	ram ho	urs)								

2 | Page







Sully Community Center in partnership with Park Authority Registration Application and Approvals & Agreements

Medication Reasons						Medication Restrictions						
Behavioral					На	as an IEP (Individuali	zed Educati	on Plan)	☐ Yes	□No	
				with their school?				,				
Allergic Reactions	☐ Bee Stir	ngs	☐ Insect Bites	☐ Fo	ood	Has Ep	iPen or Equ	uivalent wit	h them?	☐ Yes	□No	
Dietary	·L	<u> </u>				thers					1	
,												
SCHOOL INFORMAT	ION (Partici	pants	under the age of	of 18)								
School Name*				Schoo	l Gr	ade*						
]						
				Kind	derg	garten	1st	2nd	3rd	4th	5th	
School (Type)*												
☐ Public ☐ Pri	vate \Box	Paroch	nial 🗌 Home	6th		7th	8th	9th	10th	11th	12th	
l l			l .	1			ı					
-							T					
Are you currently a m	nember of NC	CS?	☐ Yes		No		NCS Membership #:					
I have read and u	understand	d the	participation a	approv	als/	and agi	reements	s attached	d to this f	orm and	bv mv	
			r entering my			_					~ , ,	
	Signat	uieu	i entering my	iuii iia	11116	e, uo by	agreenig	נט ונג נפו	1113.			
PARTICIPANT SIGNATU	IDE.								Data			
PARTICIPANT SIGNATO	'NE.								Date			
DADENT/CLIADDIAN CL	CNIATURE.								Data			
PARENT/GUARDIAN SI (if participant is under 18 ye									Date			
(ii participant is under 10 ye	urs or age,											

Fairfax County is committed to nondiscrimination in all county programs, services, and activities. To request reasonable accommodations or to receive this









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Section 3: Program and Camp Information

	WH. C C									
		Weekly Camp Sessions-Summer 2024								
Week	06/17/2024 - 06/21/2024	Tumbling & Cheer Camp (5 1/2-11 yrs.)	Mon, Tues, Thu & Fri: 9:00 AM - 4:00 PM							
1										
Week	06/24/2024 - 06/28/2024	Hoops & More: Basketball & Tennis Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM							
2										
Week	07/01/2024 - 07/03/2024	Basketball Summer Hoops Camp(6-12yrs)	Mon, Tues, Wed: 9:00 AM - 4:00 PM							
3										
Week	07/08/2024 - 07/12/2024	Gymnastics & Dance Camp (5 1/2-11yrs)	Monday – Friday: 9:00 AM - 4:00 PM							
4										
Week	07/15/2023 - 07/19/2024	Basketball & Sports Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM							
5										
Week	07/22/2023 - 07/26/2024	Baroody Sports & PE Games (5-12)	Monday – Friday: 9:00 AM - 4:00 PM							
6										
Week	07/29/2023 - 08/02/2024	Baroody Soccer Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM							
7										
Week	08/05/2023 - 08/09/2024	Hoops & More: Basketball & Tennis Camp (6-12 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM							
8										
Week	08/12/2024 - 08/16/2024	Ninja Obstacles & Tumbling Camp (Ages 5 1/2-11 yrs.)	Monday – Friday: 9:00 AM - 4:00 PM							
9										

Camp Selections:

Please complete 1st, 2^{nd,} and 3rd choice options. Associated fees will be applied with each additional camp enrollment.

☐ 1 st Choice	
Camp Session Date:	
☐ 2 nd Choice	
Camp Session Date:	
☐ 3 rd Choice	
Camp Session Date:	

Transportation:

Transportation assistance will be provided. The NCS' bus will pick-up and drop-off only from the following locations:

- •Coates Elementary School
- •McNair Elementary School •Herndon Resources Center
- Meadows of Chantilly

 Centerville Library •Ox Hill Baptist Church

If you need transportation, please list the location closest to your address: _

Meals and Snacks

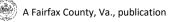
Lunch and snacks are provided for campers. However, campers may opt out of the free lunch program and bring their own sack lunches. Vegetarian options available upon request.

Payments:

NCS has established a sliding fee scale based on the family's total annual income level.

4 | Page







Sully Community Center in partnership with Park Authority Registration Application and Approvals & Agreements

• Find your family's total annual income range in the right-hand column and place an "X" in the appropriate box to the left that matches.

Check		Select Weeks Attending (Only 3 weeks per person)										
Income	Adjusted Household Income											
Range	income	Week 1	Week 2	Week 3	Week 4	Week5	Week6	Week 7	Week 8	Week 9		
	\$132,500 and above	\$255	\$295	\$189	\$319	\$315	\$285	\$285	\$295	\$319		
	\$119,250 - \$132,499	\$215	\$247	\$160	\$267	\$263	\$237	\$237	\$247	\$267		
	\$106,000 - \$119,249	\$176	\$198	\$130	\$216	\$212	\$188	\$188	\$198	\$216		
	\$92,750 -\$105,999	\$136	\$150	\$101	\$164	\$160	\$140	\$140	\$150	\$164		
	\$79,500 - \$92,749	\$97	\$102	\$72	\$113	\$109	\$92	\$92	\$102	\$113		
	\$66,250 - \$79,499	\$45	\$54	\$35	\$61	\$57	\$44	\$44	\$54	\$61		
	53,000 – 66,249	\$25	\$33	22	\$39	\$35	\$31	\$31	\$33	\$39		
	52,999 and below	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10		

Payment is accepted by cash, check, money order or credit card. All payments should be made in person at the **Sully Community Center.** Payments must be received **Monday, June 3, 2024**, to guarantee placement.

To request a fee variance, please contact the Center Director or Assistant Director at the center where you are registering your child. Acceptable Income verification Forms: Medicaid, FCPS Free Lunch Verification, SNAP, TANF, WIC, Head Start, FAMIS-family access through medical insurance security plan.

Make checks and money orders payable to NCS. Visa or Mastercard are accepted. There will be a \$50 processing fee for any returned checks.

Cancellations: There are no refunds for missed days due to changed work or vacation schedules, sick days or other non-emergency reasons. Refunds and transfers must be requested at least 14 days prior to the camp session for which the refund/transfer is being requested.

*Refunds are only given if the child has a medical emergency and a doctor's written verification is submitted BEFORE the camp ends. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours. Requests received after the camp session ends will not be granted.





5 | Page



Sully Community Center in partnership with Park Authority Registration Application and Approvals & Agreements

Section 4: Acknowledgements and Agreements

General Liability Waiver: In consideration of the services to be rendered in connection with NCS/FCPA programs, I, for myself and the child(ren) or adult for whom I am parent, legal guardian, or caretaker fully assume all of the risks associated with the participation of myself, my child(ren), or adult in the NCS programs, including any and all risks of injury or illness. As such, I hereby agree to waive, release, defend, indemnify, and hold harmless Fairfax County, and its current and former employees, servants, agents, directors, Board members, departments, agencies, assigns and insurers, or all of them, from any and all liability, damages, and actions brought by myself, by or on behalf of my child(ren)s, and/or by or on behalf of the adult for whom I am a caretaker, in connection with their participation in NCS programs.

Transportation to and from the center is the responsibility of the parent/guardian for youth programs. If you work during the day, you must have back-up transportation arrangements in case of emergency, illness, or disciplinary problems.

I give permission to my child to ride provided transportation to/from the center and on field trips including swimming trips. If field trips are scheduled, field trip payments will be collected in advance. A Field trip permission slip is required the week before the trip. Absences and personal scheduling conflicts are not reimbursable. Field trip availability is filled on a first-come, first-served basis. The center will be open and provide programming for any participants who are not attending a field trip activity.

I give my child permission to apply sunscreen and/or insect repellent to him/herself and I will be supplying my child with the product. If my child has an adverse reaction to the product, take these actions:

The center shall notify parents/guardians if their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. Parents agree to inform the center within 24 hours if their child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening). I understand no guidelines or practices will remove 100% of the risk of exposure to communicable disease.

I hereby grant approval for my child to be photographed and/or videotaped by NCS/FCPA or its partner contractors unless a separate written request not to photograph is submitted to the Agency. I understand that the photograph/video will be used to promote Fairfax County programs and activities. Vehicle safety audio/video systems may record camp participants when they are being transported in NCS vehicles for the program.

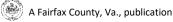
I hereby authorize the NCS/FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize NCS/FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises I carry health insurance for my child.

I give NCS permission to seek out and share information with other Fairfax County Agencies, including Fairfax County Public Schools. This information would be used to provide a supportive environment where I/my child can be better served.

Confidentiality & FOIA: In accordance with the Virginia Privacy Protection Act of 1976, the requested information will be used to coordinate activities of this agency. I understand some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the Virginia Freedom of Information Act (VFOIA), VA. Code §22-3705. By requesting emails from Fairfax County, please know that your contact information may be subject to the Virginia Freedom of Information Act (VFOIA). If you do not want Fairfax County to release your address, email address and telephone number(s) to a FOIA request, please check the box below. Doing so will authorize Fairfax County to protect this information. Other information you provide will be subject to VFOIA. Please know that Fairfax County does not routinely release or distribute citizen contact information but will do so only if required by VFOIA.

		6 Page							
Print Name of Parent/Guardian Signa	ture of Parent/Guardian	Date							
☐ I do not give NCS permission to release my child's registration information. I have read and understand the participation approvals and agreements on this form and by my signature agree to its terms.									
☐ I do not give NCS permission to release my child's registration information.									
this information not be released.									
nsed under the Virginia Freedom of Information Act (VFOIA) unless the parent/guardian specifically requests that information not be released. I do not give NCS permission to release my child's registration information.									
I also acknowledge that youth registration information provide	d to NCS/FCPA is public record and	l as such may be							
☐ No, do not share my address, email address, and telephone number.	☐ Yes, share my address, email address	s, and telephone number.							

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Sully Community Center in partnership with Park Authority Registration Application and Approvals & Agreements

Section 5: Code of Conduct (In-Person and Virtual Programs)

Parents: Carefully read the below Code of Conduct your child. Both your and your child's (when applicable) signatures are required. A separate registration form must be completed for each participant.

Code of Conduct: All staff, volunteers, participants/members, caregivers, or other center users who may avail themselves of the facilities and services offered by Neighborhood and Community Services Centers are expected to:

- Be responsive and sensitive to diversity amongst participants/members, staff, volunteers, and the community at large.
- Engage with others respectfully in an environment free from harassment, intimidation and physical or sexual assault.
- Respect all by committing to appropriate use of electronic devices and refraining from sexually and racially
 explicit or harassing material or communication.
- Respect all by using polite language, sharing resources, and solving problems cooperatively and peacefully.
- Take care of property, keep communal space clean and conserve and protect community resources. Center users will not engage in or tolerate vandalism or theft.
- Self-regulate to the best of one's ability in a mature and responsible manner and conduct oneself in a way that is safe, respectful and does not disrupt the ability of others to participate.
- Commit to an environment free from loitering, gambling, soliciting, and panhandling.
- Commit to an environment free of dangerous weapons, including bats, shields, poles, bricks, stones, rocks,
 pieces of asphalt or concrete, knives, hatchets, axes, saws, slingshots, blackjacks, metal knuckles, mace, pepper
 spray, metal buckles, chains, crowbars, hammers, clubs, bludgeons, or other items that may be used as a
 weapon.
- Comply with all restrictions on the possession, carrying and transportation of firearms, ammunition, and components thereof in recreation and community centers and other areas where "no firearms" signs are posted.
- Commit to a drug free environment. The use of tobacco products, e-cigarettes, alcohol or public intoxication and the use of illicit drugs are not permitted.

Center users in any capacity who do not respect the Code of Conduct may be asked to partake in a restorative justice process. This process is based on center policies and participant/member needs, regardless of income, age, gender, ethnicity, or race, and physical or mental ability, behavior, or lifestyle. Every attempt will be made to allow other center users involved to be equal partners in this process.

Participants must:

Sign in and out on the daily attendance form.

information in an alternate format, call 703-324-4600, TTY 711.

- Stay in your assigned group, listen to the program leaders, and follow directions carefully.
- Show respect for others in what you do and say.
- Try very hard to maintain your self-control even when you are upset—the program leader will listen.

Fairfax County is committed to nondiscrimination in all county programs, services, and activities. To request reasonable accommodations or to receive this

- Take care of your personal belongings—no pocketknives or harmful weapons allowed.
- Use equipment and supplies appropriately without destruction.
- Play safely and have fun.

7 | Page







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Parents must:

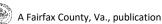
- Support the After-School Program and Community/Teen Center staff and work with them to resolve disciplinary issues.
- Understand that after the program end time, children will be able to participate in the center until closes.
- Make arrangements for your child to be picked up in the event of sickness, uncontrolled behavior, or other emergency needs.

I have read and understand the Code (of Conduct section of	f this form and	by my signature	agree to its terms.
---------------------------------------	-----------------------	-----------------	-----------------	---------------------

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date









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Emergency/Medical Information & Parent Agreement

		1					
Child's Full Name (last name, fir	st name)	Nicknan	ne 	Date of Birth		Sex	
Address (# street, city, state, zip	code)			Home Pho	one		
Allergies or Intolerance to Food	, Medications, etc. (please	e list allerg	gies and actions to t	ake in an ei	mergency)		
To ensure the best possible expectable challenges, whether they have a back of this page. Have you requested accommod	an IEP with the school syste	em and/o	r any special accom	modation r	needed. Addit	ional space on the	
Child's Physician:					Phone:		
PARENT(S)/GUARDIAN(S) Info	ormation (write N/A wh	en not a	pplicable)				
Parent's Full Name:			Email Address:		Cell Ph	none:	
Home Address (#, street, apt	, city, state, zip):		Place Employed:		Home	/Work Phone:	
Parent's Full Name:			Email Address:		Cell Ph	Cell Phone:	
Home Address (#, street, apt, city, state, zip):			Place Employed:		Home	/Work Phone:	
EMERGENCY INFORMATION (the state mandates 2 er	mergenc	v contacts other t	han the p	arents)		
Emergency Contact #1	Address:		Phone: (home	•		on to Child:	
Emergency Contact #2	Address:		Phone: (home	, work, cel	l) Relatio	Relation to Child:	
AGREEMENTS							
If swimming/wading activities are () Non-Swimmer () Beginn				ate, and his/	her swimming	g ability is	
I give my child permission to app If my child has an adverse reacti	ly sunscreen and/or insect	repellent	to him/herself and I	will be supp	olying my chile	d with the product.	
I agree to inform the center within (immediate notification required it	if the disease is life threater	ning)					
The center shall notify parents/gr	uardians whenever their ch	ild becom	es ill, and the paren	ıt/guardian v	will arrange to	have the child	
picked up as soon as possible. I hereby grant approval for my chapters of promoting or publicity.		d/or video	taped by Fairfax Co	unty Park A	uthority to be	used for the sole	
purpose of promoting or publicizing I hereby authorize the FCPA and		o seek me	edical treatment for	mv child. at	the nearest fa	acility, in the event	
medical care is required. In the my child's physician. I understar	event non-emergency medi	ical care is	s required, I authoriz	ze FCPA to	seek medical	treatment through	
health insurance for my child.	id that I am responsible for	medicare	expenses incurred b	y my chila a	and that i Ci 7	advises i carry	
I have read the policies for the parties have made a copy of this for my	_	re to ther	m. I certify the info	rmation ab	ove is compl	ete and correct. I	
, , , , , , , , , , , , , , , , , , , ,							
Parent/Guardia	an Signature				Date		
						9 Page	

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		FCPA Camp-Pic	k-up Authorization	n	
Child's Name:					
Camp Child is Enro	olled in:				
child will be perm camp forms for yo		hese individuals on day of camp. Do not	ly and photo identi	fication will be requ	ver the age of 18. You lired at sign-out. Bring please make copies
Αι	ıthorized Person's N	Name	Relationship	to	Phone
	(please print)				Number
-	s NOT allowed to poick up the child):		Initials	Time Out	Initials
Dute		Time in	miliais	Time Out	miciais
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
Parent/Guardian:					
Signature:			Date_:		
					40.15
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February 2023





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Park Authority Camps: Code of Conduct

Children and guardians must review this required document together and sign below.

Children must:

- Maintain personal care (toileting, changing) without staff support.
- Always stay with assigned group.
- Respect others in what you say and do. Teasing and bullying are not permitted, and children should report all incidents immediately to their counselor.
- Listen to program leaders and follow directions.
- Use appropriate language.
- Keep hands to oneself and maintain self-control.
- Take care of their own belongings.
- Use equipment and supplies in a safe and appropriate manner.
- Follow the policy for cell phones and other multimedia devices: Campers/CIT's may have cell phones and other
 multimedia devices, but they must be turned off and kept in the child's backpack during camp hours. We strongly
 suggest these items be left at home. FCPA will not be held responsible for lost or stolen items.

Parents/Guardians must:

- Complete and submit appropriate paperwork from the parent packet.
- Sign children in and out of the program, bring photo I.D. and be on time.
- Contact the Camp Director or Program Manager immediately when issues arise.
- Adhere to the camp refund and transfer policy as outlined in the parent packet.
- Make arrangements for your child to be picked up in the event of sickness, uncontrolled behavior, or other emergency needs.

Possible Grounds for Immediate Dismissal (no refund given):

Depending on the severity and other assessed factors, FCPA reserves the right to terminate part or all a child's enrollment in FCPA camps if:

- A child intentionally harms or threatens to harm himself or others.
- A child who causes injury to another child or staff member.
- A child who displays repeated inappropriate behaviors.
- A child who fails to comply with the Code of Conduct.

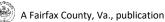
Grounds for Immediate Dismissal (no refund given):

- A parent or child who refuses to follow FCPA policies as stated in the parent packet.
- A child who brings a weapon to camp.
- A child who vandalizes or steals the property of the camp facility, staff, or other children.









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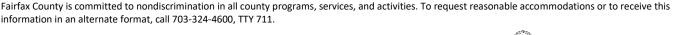
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Management of Behavior

Staff will manage disruptive and inappropriate behaviors by addressing it with the child and discussing what is appropriate behavior as well as redirecting behaviors when appropriate. If necessary, staff may remove a child from an activity until the child exhibits proper self-control. Staff will address problem behaviors with parents to strategize possible solutions. In situations where inappropriate or disruptive behavior persists, the child's enrollment in FCPA programs may be terminated. Staff strive to meet the needs of the children by using proactive approaches and planning age/ability appropriate activities.

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone (please bring this form with you on the first day of camp).

Child's Name (please print):	Sig	Signature of Child:						
Parent's Name:	Signature of Pa	arent/Guardian :						
Cell Phone:	Home or Work Phone:	Date:						





information in an alternate format, call 703-324-4600, TTY 711.

12 | Page



Sully Community Center in partnership with Park Authority Registration Application and Approvals & Agreements

				Official U						
				Participant	Informati	on				
Last Nam	1e*		Fi	rst Name*				Middle	Initial	
Parent/G	iuardian Name					NCS Mei	mbership #:			
			Car	mp and Inco	ome Selec	tion				
Check	Adjusted Household			Select Wo	eeks Atten	ding (Only	3 weeks pe	r person)	_	
Income	Income									
Range		Week 1	Week 2	Week 3	Week 4	Week5	Week6	Week 7	Week 8	Week 9
	\$132,500 and above	\$255	\$295	\$189	\$319	\$315	\$285	\$285	\$295	\$319
	\$119,250 - \$132,499	\$215	\$247	\$160	\$267	\$263	\$237	\$237	\$247	\$267
	\$106,000 - \$119,249	\$176	\$198	\$130	\$216	\$212	\$188	\$188	\$198	\$216
	\$92,750 -\$105,999	\$136	\$150	\$101	\$164	\$160	\$140	\$140	\$150	\$164
	\$79,500 - \$92,749	\$97	\$102	\$72	\$113	\$109	\$92	\$92	\$102	\$113
	\$66,250 - \$79,499	\$45	\$54	\$35	\$61	\$57	\$44	\$44	\$54	\$61
	53,000 – 66,249	\$25	\$33	22	\$39	\$35	\$31	\$31	\$33	\$39
Х	52,999 and below	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
				Taa Variana	a Fliaibili	.				
		5		ee Varianc	e Eligibili	ц				
		Docu	ment Pro	oviaea				Di	ate Receiv	ea
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Camp	Amount Due	Cas	h	Check	#	Credit		Coi	nfirmation	No.
Choice						Last 4	Digits			
1 st Choic	e									
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