

CAMP HEALTH, HOPE & HAPPINESS SOCIETY

FSCD FORM

In order for Camp Health, Hope & Happiness Society to access funding from Family Support for Children with Disabilities, the following information must be provided no later than 14 days prior to the first day of the scheduled camp. Please completely fill out the information below.

1. Name of child attending camp: _____

2. Child's FSCD Number: _____

3. INVOICE INFORMATION:

a. Name of FSCD Worker: _____

b. Address of FSCD Worker: _____

c. Phone number of FSCD Worker: _____

4. Dates of the camp the child is attending: _____

*****PLEASE ONLY INDICATE THE AMOUNT THAT FSCD WILL FUND*****

I acknowledge that _____ is registered in a camp(s) at
(Name of child attending camp)

Camp Health, Hope & Happiness Society. I give permission for camp to invoice FSCD for the
Camper fee of _____ and aide fee of _____
(if applicable)

I agree to pay any part of the fee not covered by FSCD.

Name of parent/guardian (please print)

Signature of parent/guardian

Phone Number: _____

When this information is received, Camp Health, Hope & Happiness Society will invoice FSCD directly.
Signing of this form indicates that Camp Health, Hope & Happiness Society may contact FSCD if necessary.
Thank you in advance for your assistance.