



RESTON COMMUNITY CENTER

CAMP 2012 FEE WAIVER APPLICATION



The Reston Community Center will provide fee waivers for any resident of Small District 5 (Reston) or non-resident who works in Small District 5. Fee Waivers are available for up to 9 weeks of RCC summer camps.

ELIGIBILITY:

To qualify for a fee waiver, applicants must meet one of the following criteria:

- Furnish documentation of receipt of public assistance (e.g. food stamps, welfare, free school lunch...)
- Furnish documentation (e.g. 2011 income tax return) that income/family composition does not exceed the following levels:
 - \$20,036/family of one
 - \$26,955/family of two
 - \$33,874/family of three
 - \$40,793/family of four
 - \$47,712/family of five
 - \$54,631/family of six

For each additional person, add \$6,919 to determine maximum annual income for eligibility.

INSTRUCTIONS TO CLIENT/PATRON:

Please complete this Fee Waiver Application Form, attach copies of the required financial documentation, and complete an RCC Registration Form. Return all documents to a Customer Service Representative at either RCC Hunters Woods or RCC Lake Anne. You will be notified by mail if you have been awarded a Fee Waiver. Please refer questions to our Customer Service Manager (703-390-6144).

CAMP ENROLLMENT FEES:

If you qualify for a Fee Waiver, you will be required to pay a \$10.00 non-refundable enrollment fee for each week of camp that the participant is registered (Zen Zone is excluded from an enrollment fee, however registration is still required). For example, if the participant is enrolled in the consecutive, 5-week Young Actors Theater camp, you are required to pay a \$50.00 enrollment fee for the 5 weeks of camp. If the participant is registered in a one-week specialty camp, you are required to pay a \$10.00 enrollment fee. Camp enrollment fees are being assessed this year to encourage regular attendance and active camp participation. Payment for weekly enrollment fees is required upon registration. Please note that standard RCC registration procedures and refund/cancellation policies apply. Cash payments cannot be accepted during priority registration.

FAMILY MEMBERS APPLYING FOR FEE WAIVER:

PARTICIPANT'S FIRST NAME	PARTICIPANT'S LAST NAME	DATE OF BIRTH	SEX

Adult Name	First		Last	
Home Address				
City			State	Zip
Phone	Home		Cell	
Emergency				
New Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Resident of Small District 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Work in Small District 5? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide business address:				
E-Mail Address				

Adult's Signature: _____ **Date:** _____