

**FOSTER AND ADOPTIVE FAMILY SERVICES  
2010 SUMMER CAMP APPLICATION**

Name of Child currently in foster care \_\_\_\_\_

(Must be 2<sup>nd</sup> Grade or higher in fall)

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade in September 2010 \_\_\_\_\_

SEX \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Day Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Child's Caseworker \_\_\_\_\_

District Office \_\_\_\_\_

Caseworker's Telephone Number \_\_\_\_\_

Foster Parent's Name Print \_\_\_\_\_

Signature \_\_\_\_\_

Other camps attending in 2010 \_\_\_\_\_

Please write why this child wants to attend camp

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please visit the Johnsonburg Camp website at [www.campjburg.org](http://www.campjburg.org) or call the camp at 908-852-2349 to receive a copy of their brochure. Please review the list of camping dates available. List your first, second and third choice below, including dates and type of camp requested.

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

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**TRANSPORTATION TO CAMP IS NOT PROVIDED!**

**PLEASE APPLY BY MAY 15, 2010**

**SEND COMPLETED APPLICATIONS TO:**

**JANET FARRAND**

**248 WEST MILL ROAD**

**LONG VALLEY, NJ 07853**

**QUESTIONS? CALL 908-876-4419**

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**ONLY SIGNED AND COMPLETED APPLICATIONS WILL BE CONSIDERED**

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