

## CAMP FEES & INFORMATION

This year, we have instituted three pricing levels to accommodate all financial needs. Using the chart below, please select the payment tier that best fits your family.

**Tier One** - This price most accurately reflects the true cost of a week at Camp Tanager.

**Tier Two** - This price is partially subsidized by generous donations from the community.

**Tier Three** - This price does not reflect the true cost of camp and is subsidized by our fundraising efforts and in sustaining contributions.

Total Household Size	Tier 1 - \$275 (Yearly Income Exceeds)	Tier 2 - \$175 (Yearly Income is less than)	Tier 3 - \$75 (Yearly Income is less than)
2	26,995	26,995	18,941
3	33,874	33,874	23,803
4	40,793	40,793	28,665
5	47,712	47,712	33,527
6	54,631	54,631	38,389
7	61,550	61,550	43,251
8	68,469	68,469	48,113
For each additional family member, add	6,919	6,919	4,862

+ Income guidelines based on USDA free/reduced meals policy

- Tier 1**  
I am NOT applying for financial assistance.  
Enclosed is my camp fee of \$275.00
- Tier 2**  
I AM applying for a partial subsidized campership.\*  
Enclosed is my camp fee of \$175.00
- Tier 3**  
I am applying for a subsidized campership. \*  
Enclosed is my camp fee of \$75.00
- Jr Counselor**  
I am 14 years or older and wish to be considered for Diabetes Counselor. Enclosed is my Jr. Counselor application (Can be obtained from the forms tab at [www.campanager.org](http://www.campanager.org))  
(Fee is waived if accepted for position.)

\*Subject to acceptance. Please complete the Financial Assistance section. We may notify you to provide proof of income.

## FINANCIAL ASSISTANCE APPLICATION TO CAMP

Date \_\_\_\_\_ Camper's Name \_\_\_\_\_

Please complete this section if you are applying for a full or partial subsidized campership for your child.

**1) I am applying for:** (please mark one)

a) \_\_\_\_\_ Tier 2 Campership

b) \_\_\_\_\_ Tier 3 Campership

**2) Adjusted Gross Income**

Check the line on your most recent IRS form labeled "adjusted gross income" and enter that amount \$ \_\_\_\_\_

**3) Medical Expenses**

Out of pocket medical expenses may be taken into consideration. Enter the total amount of family medical bills paid out-of-pocket this year \$ \_\_\_\_\_

**4) Number of Family Members** - Check your most recent IRS form and enter the number of dependents claimed \_\_\_\_\_  
Enter new additions since January \_\_\_\_\_

**5) Unemployment**

Enter the number of months primary wage earner has been unemployed this year \_\_\_\_\_

**6) Other Financial Burdens**

Explain any other financial burdens or special circumstances on an attached paper (if necessary.)

\_\_\_\_\_

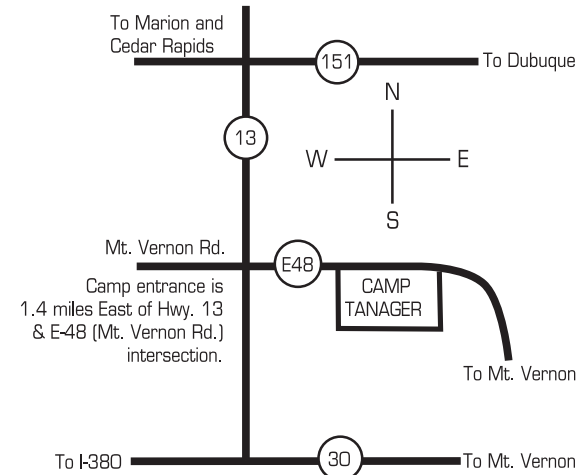
\_\_\_\_\_

\_\_\_\_\_

*Camp Tanager will protect the confidentiality of any of the requested information. If you have any questions, please call (319) 365-9164. You will be notified of your application status and any financial assistance (if provided) prior to July 1, 2010*



Camp Tanager



Camp Tanager

Administered by



Tanager Place

2309 C Street SW  
Cedar Rapids, IA 52404  
Office (319) 365-9164  
Camp (319) 363-0681  
Fax (319) 365-6411



Camp Tanager

**DIABETES  
CAMP 2010**

Camper Application Form

For Youth 7-13 years old

**July 11 - 16, 2010**  
**Cedar Rapids, Iowa**

**CAMP Tanager** is a completely modern camp under the direction of Tanager Place. Located 7 miles east of the city of Cedar Rapids, the camp features 3 sleeping cabins, a main lodge/dining hall with kitchen and indoor recreation area, and a shower house. There is a large outdoor swimming pool on the camp grounds and nearly 40 acres of natural hiking trails and sports fields.

Established in 1926 as a private, not-for-profit camp for children with health problems, Camp Tanager now serves over 600 children with social, economic and medical needs each summer. "Camperships" and a sliding fee scale permit many to enjoy the Camp Tanager experience regardless of income.

For children who come to Camp Tanager (including children with diabetes) the primary purpose is to have fun. At Camp Tanager, boys and girls with diabetes are offered a safe and healthy environment in which to enjoy a variety of recreational activities designed for fun and fitness. At the same time, children with diabetes acquire a better understanding of their disorder and how to manage it through natural learning opportunities within the camp environment as well as through formal learning situations. By meeting others with the same condition, young people learn more about themselves and how to cope with their diabetes.

**RECREATION**

Activities offered include:

- |                      |                |
|----------------------|----------------|
| Archery              | Hiking         |
| Arts & Crafts        | Movies         |
| Badminton            | Nature study   |
| Bowling              | New games      |
| Campfires            | Roller skating |
| Cookouts             | Skits          |
| Carnival             | Soccer         |
| Dance                | Softball       |
| Educational speakers | Swimming       |
| Fishing              | Volleyball     |

**TUITION**

Full cost of camp is \$275. However, a reduced campership may be available to those who qualify.

**STAFF**

In addition to Camp Tanager staff, the medical team is headed by the following professionals:

- Carla Schulz, MD - Medical Director**
- Julianne Thomas, MD - Asst. Medical Director**
- Charles Pruchno, MD - Internists Assoc. of Iowa**

If you have any questions or concerns regarding medical needs or issues please call Dr. Schulz (319) 364-8704

Questions relating to applications, camp facilities etc. can be directed to Donald Pirrie, Camp Director at (319) 365-9164

**ACKNOWLEDGEMENTS**

**Camp activities are sponsored by:**  
 Tanager Place  
 Mercy Medical Center  
 St. Luke's Hospital  
 Pediatric Center, PC  
 Family Medicine Specialists, PC  
 Joslin Diabetes Center  
 Internists Assoc. of Iowa

**WHAT TO BRING**

Campers should bring the following items, clearly marked with the child's name:

- |                                |                |
|--------------------------------|----------------|
| 3/5 pairs of jeans & shorts    | sunscreen      |
| 1 lightweight jacket           | soap/soapdish  |
| 6 underwear changes            | shampoo        |
| 5 short-sleeved tops           | 1 bathing suit |
| 2 long-sleeved top/sweater     | 2 pair pajamas |
| 2 pairs of shoes               | Flashlight     |
| toothbrush/toothpaste          | Comb           |
| sleeping bag (optional)        |                |
| bag for dirty clothes (marked) |                |



**APPLICATION TO CAMP**

*Due by May 15, 2010*

Parent/Guardian complete both sides, detach and return this form to: **Camp Tanager**  
 2309 C Street SW  
 Cedar Rapids, IA 52404

**CAMPER INFORMATION**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_

**T-Shirt Size** Adult Youth XS S M L XL XXL  
(Circle either Adult/Youth and desired size)

Race  African American;  Asian/Pacific Islander;  
 Bi-Racial;  Caucasian;  Hispanic;  
 Native American;  Other

**FAMILY INFORMATION**

Parent(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(List an additional person. We will contact the parents listed above first in the event of an emergency)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

**DOCTOR INFORMATION**

Dr. Name: \_\_\_\_\_

Dr. Address: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

Hospital required by insurance: \_\_\_\_\_

**Applications received after May 15 may not be accepted.**

**MEDICAL INFORMATION**

Name \_\_\_\_\_

**BLOOD GLUCOSE TESTING**

Blood glucose will be tested before each meal, at bedtime, 2am, and any other time deemed appropriate by medical staff.

**PUMP INFORMATION** (if applicable)

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Animas      | <input type="checkbox"/> Cozmo   |
| <input type="checkbox"/> Minimed     | <input type="checkbox"/> Omnipod |
| <input type="checkbox"/> Other _____ |                                  |

**Type of Insulin used in pump:**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Apidra  | <input type="checkbox"/> Novolog |
| <input type="checkbox"/> Humalog |                                  |

(Pump doses will be obtained at camper check-in)

**Infusion Set/Size:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cleo _____    | <input type="checkbox"/> Quickset _____  |
| <input type="checkbox"/> Comfort _____ | <input type="checkbox"/> Sof-Set _____   |
| <input type="checkbox"/> Inset _____   | <input type="checkbox"/> Ultraflex _____ |
| <input type="checkbox"/> Other _____   |  |

**INJECTION INFORMATION** (if applicable)

**Type of Bolus (mealtime):**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Apidra  | <input type="checkbox"/> Novolog |
| <input type="checkbox"/> Humalog | <input type="checkbox"/> Regular |

**Type of Basal (long-acting):**

Please write in: *Dose/time given*

- |                                  |       |
|----------------------------------|-------|
| <input type="checkbox"/> Lantus  | _____ |
| <input type="checkbox"/> Levemir | _____ |
| <input type="checkbox"/> NPH     | _____ |

**All insulin, testing supplies, and pump supplies will be provided to campers at no cost.**