

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)
(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 _____

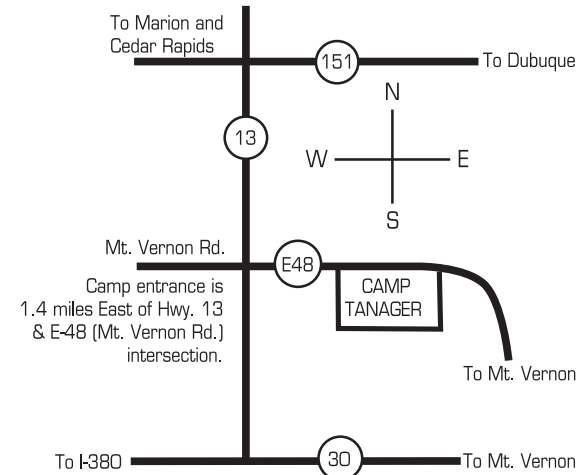
6) Other Financial Burdens

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

SUPERHEROES



UNITE!

DIABETES CAMP 2011

Camper Application Form

For Youth 7-13 years old

July 10 - 15, 2011
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 - Mercy Medical Center

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) | |
| Superhero Costume and/or props (optional) | |



APPLICATION TO CAMP

Due by May 10, 2011

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 10 may not be accepted. Late applications may not meet the deadline for T-Shirt Orders.

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 | <small>(Pump doses will be obtained at camper check-in)</small> |

Infusion Set/Size:

- | | |
|--|---|
| <input type="checkbox"/> Mio _____ | <input type="checkbox"/> Quickset _____ |
| <input type="checkbox"/> Inset _____ | <input type="checkbox"/> Inset 30 _____ |
| <input type="checkbox"/> Comfort Short _____ | |
| <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.