



WinterSpring

Facing Loss, Embracing Life Again -- Together

PO Box 8169, Medford, OR 97501

541-552-0620 winterspring.org

Camp Intake & Enrollment Form

Date: _____

Teen's Name: _____ Age _____ Gender _____

Parent /Guardian Name(s): _____

Phone: _____ Email: _____
Home Cell

Address: _____

City: _____ Zip: _____

School that teen attends: _____

Who died?: _____

Relationship to teen: _____

Date of death: _____

Cause of death: _____

Comments _____

Scholarship Information:

_____ My child qualifies for the Oregon Health Plan (OHP).

_____ I qualify for OHP.

_____ We qualify for the USDA Free Lunch Program at my child's school.

_____ We qualify for the USDA Reduced Lunch Program at my child's school.

_____ We do not qualify for USDA Free or Reduced lunch.

Payment can be made online at <http://winterspring.org/children-and-teens/> or mail a check to WinterSpring, P.O. Box 8169, Medford OR 97501

_____ Full Payment: \$75

_____ Scholarship: \$35 (this presents a \$40 discount)

After your teen is enrolled, we will send an e-mail with further information. Please call 541-552-0620 with any questions or concerns.