



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).

Which plan: _____ AllCare Health _____ Jackson Care Connect _____ Other

_____ I qualify for OHP.

Which plan: _____ AllCare Health _____ Jackson Care Connect _____ Other

_____ 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.