

**The Kroc Center  
Scholarship Program  
Summer Camp Application 2026**



| PARENT INFORMATION            |  |
|-------------------------------|--|
| Last Name:                    |  |
| First Name:                   |  |
| Phone Number:                 |  |
| Email:                        |  |
| Number of Camper's Attending: |  |

| CHILD INFORMATION |  |
|-------------------|--|
| Last Name:        |  |
| First Name:       |  |

| POLICIES (please initial all) |  |
|-------------------------------|--|
|                               | <b>Admin Fee:</b> \$25 fee per week/child for cancellations, changes, or no-shows, payable before new scholarships or vouchers.                            |
|                               | <b>Limited Scholarships:</b> Space and funding are limited. <b>An application does not guarantee assistance.</b>   |
|                               | <b>Attendance:</b> You must go to the camp you were funded for. You can't switch camps or give your voucher to someone else.                               |
|                               | <b>Deadlines:</b> Payments are typically due TWO weeks before the session. It's your responsibility to track the deadlines printed on your vouchers.       |
|                               | <b>Confidentiality:</b> All awards are confidential. Do not discuss awards with others.  |
|                               | <b>Complete Applications Only:</b> Applications are processed in the order received. Incomplete applications will not be accepted.                         |
|                               | <b>Payment:</b> Payments must be on time on your Kroc portal, over-the phone, or in-person (DEBIT OR CREDIT ONLY).   |
|                               | <b>Future Requests:</b> Future scholarships may be denied if funds are exhausted, policies are broken, or at the discretion of the Scholarship Department. |

**CAMP DATES**

**For SUMMER 2026 only:** You may request a **maximum** of 9 Kroc Adventure weeks of camp + 1 Specialty week of camp, per child = **a Total of 10 weeks/child. (while the budget remains)**

**CAMP HOURS:** Mon-Fri 7:30 AM – 5 PM (extended care included)

**CAMP COST:** VARIABLE (scholarship price will be assessed once all documents are received)

**APPLICATION DEADLINE:** APRIL 29<sup>TH</sup>, 2026 (no exceptions)

**PAYMENT DEADLINE:** Payment will ALWAYS be due 2 weeks BEFORE the start of the session start date. The payment schedule will be sent out with scholarship vouchers. It is the Parent/guardian's responsibility to make payments before the deadline. It is highly suggested payments are made ahead of time to avoid fees.

## ELIGIBILITY & DOCUMENTS REQUIRED

*(if your file is up to date, please don't re-submit)*

Please provide the following for **ALL MEMBERS LIVING IN THE HOME** (family members, parents, non-related roommates, live-in landlords, and non-family members):

### 1. IDENTIFICATION (ID) for all members of the household

- Adults (18+):** Driver's license, Medical ID, or passport
- Children:** Birth certificate, shot record, or medical insurance card

### 2. INCOME for all members of the household

- Preferred:** Last year's Taxes OR Paystubs of the last 30 days
- AND all of these if they apply:**
  - Cash Aid/TANF/Calworks GR Notice of Action or letter from your Case Manager (get it from [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org), make sure your name is on it)
  - Child support or alimony court papers
  - Proof of expenses paid by the noncustodial parent (checks, Venmo/Cash App, bank statements)
  - Social Security Annual Award letter
  - College schedule and Financial Aid Award statement
  - Disability or Unemployment benefits statement (get it from [www.edd.ca.gov](http://www.edd.ca.gov))
  - Food stamp award letter or Notice of Action
  - Section 8 or Housing Assistance rent letter
  - Child Support or Spousal Support (court order or get it from <https://www.cse.ca.gov/CustomConnect/login>)

### 3. ADDRESS VERIFICATION

- Please give us ONE of these in your name:**
  - Last month's utility bill (SDGE, water, or trash)
  - Signed rental agreement from the last 30 days
  - Internet service bill (Cox, Spectrum, AT&T)

## SUBMIT APPLICATION EITHER:

1. **IN PERSON:** Family Resource Center (address is listed below)  
Monday – Thursday, 8:30 am-12 pm and 1 pm- 4:30 pm (closed major holidays)
2. **BY EMAIL:** [sdkroc.frc@usw.salvationarmy.org](mailto:sdkroc.frc@usw.salvationarmy.org)

By signing below, I certify that I have read, understand, and will abide by the scholarship program policies and Admin fees.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Day Camp Registration



## CAMPER INFORMATION *Please fill out one registration form per child.*

NAME (FIRST, LAST) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_  MALE  FEMALE \_\_\_\_\_ AGE \_\_\_\_\_

CAMPER'S SCHOOL \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ SHOE SIZE \_\_\_\_\_

CAMPER LIVES WITH (CUSTODIAL PARENT) \_\_\_\_\_

## PARENT(S) INFORMATION

NAME (A) \_\_\_\_\_ CELL PHONE (A) \_\_\_\_\_

NAME (B) \_\_\_\_\_ CELL PHONE (B) \_\_\_\_\_

EMAIL \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

## EMERGENCY CONTACT & PICK UP INFORMATION

*We require at least three emergency contacts/adults authorized for pick-up other than the parents/guardians listed on front.*

|      |              |       |
|------|--------------|-------|
| NAME | RELATIONSHIP | PHONE |
| NAME | RELATIONSHIP | PHONE |
| NAME | RELATIONSHIP | PHONE |

## INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE:  YES  NO

COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?  YES  NO

DATE OF LAST TETANUS SHOT \_\_\_\_\_

SIGNATURE REQUIRED FOR THOSE WHO DO NOT IMMUNIZE DUE TO PERSONAL BELIEFS:

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## HEALTH HISTORY FORM *The information provided below will assist our staff in providing the best care for your child.*

CHECK IF APPLICABLE OR ALLERGIC:  ASTHMA  BEHAVIORAL CHALLENGES  CARRIES EPI-PEN  CARRIES INHALER  DIABETES  
 EPILEPSY  INSECT STINGS  PENICILLIN  HAS SPECIAL NEEDS (INCLUSION)

DOES YOUR CHILD NEED MEDICATION WHILE AT CAMP?  YES  NO

DIETARY RESTRICTIONS? \_\_\_\_\_

OPERATIONS / SERIOUS INJURIES / DISEASES / RESTRICTIONS ON PHYSICAL ACTIVITY? \_\_\_\_\_

PLEASE LIST ANYTHING ELSE THAT MAY AFFECT YOUR CHILD'S EXPERIENCE WHILE AT CAMP (i.e. moving, family trauma, etc.) \_\_\_\_\_

## ACKNOWLEDGEMENT OF RJKCCC CAMP PHOTO RELEASE

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of video, audio tracks, or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

**PARENT/GUARDIAN SIGNATURE**

---

**DATE**

---

## ACKNOWLEDGEMENT OF RJKCCC CAMP BEHAVIOR POLICIES

Camper safety is our top priority. Campers are expected to follow the camp contract by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/ drugs will result in immediate suspension or expulsion, necessitating removal from camp. I or an authorized adult is responsible for picking him/ her up immediately.

**PARENT/GUARDIAN SIGNATURE**

---

**DATE**

---

## DAY CAMP CANCELLATION/ TRANSFER POLICY:

A \$25 non-refundable deposit reserves a week. Deposits may not be transferred to future sessions. Balance of fees is due **two weeks** prior to the session or you will forfeit the registration and deposit. Enrollment may be reinstated based on space availability. No cash or credit card refunds will be issued unless a Day Camp session is canceled by the Kroc Center. Cancellation credits will be issued via a Kroc Center Gift Card. Cancellation at least one week prior to the start of the camp session: full credit on a Kroc Center Gift Card toward Kroc Center programs minus the \$25 non-refundable deposit. Cancellation less than one week prior to the start of the camp session: no credit will be issued. No prorated credits will be issued for partial attendance at a camp session or missed days due to illness, behavioral issues, or any other reason. Credit/Transfer applications are available at the Day Camp Office. By signing this form, I affirm that I understand the previously listed payment/cancellation policies.

**PARENT/GUARDIAN SIGNATURE**

---

**DATE**

---

## ASSUMPTION OF RISK & LIABILITY WAIVER

**Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.**

In a condition of the participation of my child in The Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost incurred for medical care.

**I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.**

**PARENT OR LEGAL GUARDIAN'S NAME (PRINTED)**

---

**SIGNATURE**

---

**DATE**

---

# Summer Day Camp Registration



## CAMPER INFORMATION Please fill out one registration form per child.

NAME (FIRST, LAST)  MALE  FEMALE BIRTHDATE AGE

PARENT NAMES CELL PHONE WORK PHONE

EMAILS

| WEEK | DATE              | CAMP SELECTIONS<br><small>(FOR KROC ADVENTURES: WRITE KA &amp; LIST AGE GROUP)</small> |
|------|-------------------|--|
| 1    | JUNE 01 - 05      |  |
| 2    | JUNE 08 - 12      |  |
| 3    | JUNE 15 - 19      |  |
| 4    | JUNE 22 - 26      |  |
| 5    | JUNE 29 - JULY 02 |  |
| 6    | JULY 06 - 10      |  |
| 7    | JULY 13 - 17      |  |
| 8    | JULY 20 - 24      |  |
| 9    | JULY 27 - 31      |  |
| 10   | AUGUST 03 - 07    |  |

## INFORMATION REQUIRED FOR GRANT PURPOSES

### 1. HOW DID YOU FIRST HEAR ABOUT KROC DAY CAMP?

- AT THE KROC CENTER  FAMILY/FRIEND
- INTERNET  SD.KROCCENTER.ORG
- MAIL  NEWSPAPER  SCHOOL
- SOCIAL MEDIA  PEACHJAR  OTHER \_\_\_\_\_

### 2. HOUSEHOLD ETHNICITY

- AFRICAN-AMERICAN
- ASIAN/PACIFIC ISLANDER
- HISPANIC/LATINO
- NATIVE AMERICAN
- MULTI-RACIAL
- WHITE/CAUCASIAN
- DECLINE TO STATE
- OTHER \_\_\_\_\_

### 3. HOUSEHOLD INCOME \_\_\_\_\_

- DECLINE TO STATE

## HELP A CHILD GO TO CAMP

Help a deserving low-income individual in the community reach their potential by donating an amount of your choice to The Salvation Army Kroc Center Scholarship Program. This donation is tax-deductible.

YES, I WOULD LIKE TO HELP! I WOULD LIKE TO MAKE A DONATION OF

\$ \_\_\_\_\_ ONE-TIME GIFT

\$5  \$10  \$25  OTHER \_\_\_\_\_

\$ \_\_\_\_\_ MONTHLY RECURRING GIFT

\$ \_\_\_\_\_ MONTHLY RECURRING GIFT

## BALANCE PAYMENT & CANCELLATION POLICY REMINDER

A \$25 non-refundable deposit reserves a week. Deposits may not be transferred to future sessions. Balance of fees is due **two weeks** prior to the session or you will forfeit the registration and deposit. Enrollment may be reinstated based on space availability. No cash or credit card refunds will be issued unless a Day Camp session is canceled by the Kroc Center. Cancellation credits will be issued via a Kroc Center Gift Card. Cancellation at least one week prior to the start of the camp session: full credit on a Kroc Center Gift Card toward Kroc Center programs minus the \$25 non-refundable deposit. Cancellation less than one week prior to the start of the camp session: no credit will be issued. No prorated credits will be issued for partial attendance at a camp session or missed days due to illness, behavioral issues, or any other reason. Credit/Transfer applications are available at the Day Camp Office.





# CAMP KROC AT A GLANCE



**WEEK 1**  
JUNE 1-5

**WEEK 2**  
JUNE 8-12

**WEEK 3**  
JUNE 15-19

**WEEK 4**  
JUNE 22-26

**WEEK 5**  
JUNE 29-JULY 2  
PRORATED 4 DAY WEEK

**WEEK 6**  
JULY 6-10

**WEEK 7**  
JULY 13-17

**WEEK 8**  
JULY 20-24

**WEEK 9**  
JULY 27-31

**WEEK 10**  
AUGUST 3-7

**Pee Wee**  
Kroc Adventures  
Ages 4-5

**Pee Wee Animal**  
Adventures  
Ages 4-5

**Pee Wee**  
Bluey  
Ages 4-5

**Pee Wee**  
Bugs & Butterflies  
Ages 4-5

**Pee Wee**  
Dino Adventures  
Ages 4-5

**Pee Wee**  
Super Scientists  
Ages 4-5

**Pee Wee**  
Little Chefs  
Ages 4-5

**Pee Wee**  
Paw Patrol  
Ages 4-5

**Pee Wee**  
Music & Movement  
Ages 4-5

**Pee Wee**  
Pirates  
Life for Me!  
Ages 4-5

**Pee Wee**  
Around  
the World in 5 Days  
Ages 4-5

**Kroc Adventures**  
Ages 6-7

**Kroc Adventures**  
Ages 7-8

**Kroc Adventures**  
Ages 9-10

**Swim**  
Ages 6-12

**Animal**  
Adventures  
Ages 6-10

**LEGO STEAM**  
Ages 6-9

**Soccer**  
Ages 7-11

**Paint Splats**  
Ages 6-10

**LEGO-Mation**  
Ages 7-12

**Animal**  
Adventures  
Ages 6-10

**LEGO STEAM**  
Ages 6-9

**Soccer**  
Ages 7-11

**Paint Splats**  
Ages 6-10

**LEGO-Mation**  
Ages 7-12

**Swim**  
Ages 6-12

**Ice Hockey**  
Ages 7-8 / 9-14

**Dodgeball & Gaga**  
Ages 9-14

**Cute Cryptids & Other**  
Mythical Creatures  
Ages 7-11

**Master Chefs**  
Ages 10-14

**Drama Camp: Aladdin**  
Ages 7-14

**LEGO STEAM**  
Ages 6-9

**LEGO-Mation**  
Ages 7-12

