



# Summer Program Application

Application Date: \_\_\_\_\_ How did you hear about the program? \_\_\_\_\_  
*DHS, JCS, summer program, other (please list)*

**Parent/Child Information:**

Child's Name: *(first, middle, last)* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Parent/Guardian Name *(first, middle, last)* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street apt./lot*  
\_\_\_\_\_  
*City zip code*

Phone: \_\_\_\_\_  
*Home # Other #*

**Social worker contact:**

DHS/JCS worker: \_\_\_\_\_  
*Name Phone*

**Do you need camp/summer program information?:**  yes (VNS staff will contact parent - please sign below)  
 no (please complete below)

**Summer program/camp information:** (skip this section if summer camp options are needed)

Name of Summer Camp/Program: \_\_\_\_\_

Address of Camp/Program: \_\_\_\_\_ Phone #: \_\_\_\_\_

Request:  Individual Camp  Family Camp  Individual Pass  Family Pass  
 Registration Fees  Other: \_\_\_\_\_ Total amount of request: \_\_\_\_\_

Length/Duration of program:  Summer  Week  Day (# of days) \_\_\_\_\_  
 Other: \_\_\_\_\_

Bus Tokens Needed:  Yes  No

**Please sign below to complete the application:**

I, \_\_\_\_\_, give permission for VNS and DHS/JCS to communicate regarding my child's potential involvement in the Summer Program Project: \_\_\_\_\_  
*signature/date print name*

**Mail or Fax this form to:**  
Visiting Nurse Services  
Attention: Karen Rees/Summer Programming  
1211 Vine Street, Building 2000  
West Des Moines, Iowa 50265  
515-326-0954  
515-225-6945 (Fax)  
[karenr@vnsdm.org](mailto:karenr@vnsdm.org)