

SunriseVX Application

The Sunrise Virtual eXperience



SunriseVX
11 Neil Court
Oceanside, NY 11572
516-517-7858
SunriseVX@sunriseassociation.org

Last Name	First Name	Child w/ Cancer or Sibling		Gender	Date of Birth	School Grade (2023-2024)	School	Does your child have an IEP/504?		New or Returning	
		C	S					Y	N	N	R
					/ /						
					/ /						
					/ /						
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****Please list Child with Cancer as Child #1 (Row 1) above. Child with Cancer does *not* have to participate in SunriseVX****

Virtual Program Dates: (June 20 – August 11)
(No camp Tuesday, July 4)

Mailing Name: _____

Address: _____ Apt _____ City _____ State _____ Zip _____ Home Phone _____

	Name (First and Last)	Relationship	Cell Phone	Work Phone	Email
Parent/Legal Guardian #1					
Parent/Legal Guardian #2					

Parents'/Legal Guardians' Marital Status: Married Divorced Separated Single Widowed Partnered

Initial Diagnosis: _____ Diagnosis Date: _____ Active Treatment? Yes No If No, Date Treatment Ended: _____

Primary Hospital where the child with cancer has received or is receiving treatment: _____

General Physician's Name: _____ Phone Number: _____ Email: _____

Referring Oncologist's Name: _____ Phone Number: _____ Email: _____

Social Worker/Hospital Contact Name: _____ Phone Number: _____ Email: _____

I prefer to receive all information from camp via: Email Paper Text All **Primary Language:** English Spanish Other: _____

How did you hear about us? (Example: Social Worker, Family/Friends, Another Sunrise Camp, etc.): _____

Are you a returning Virtual or In-Person Sunrise Camp Family? (Example: In-Person Horizon Day Camp – Baltimore): Please _____

Please send completed signed application to the address listed above.

** If scanning, please send **both** pages!

CAMPER CONTACT INFORMATION

I hereby give permission for my child(ren) to be contacted directly, either by text message and/or email, for virtual camp program reminders: Yes No **INITIALS:** _____
 Where applicable, please provide each child's email address and/or phone number next to their name(s) in the boxes below. Please note this is not required for enrollment.

Camper's Full Name	Camper's Email Address (if applicable)	Camper's Cell Phone Number (if applicable)

FAMILY INFORMATION

*The following is for use by the Sunrise Association when applying for funds from various sources and will **not** affect your ability to attend camp for free, regardless of your income. Information that we provide to third parties **will never identify you nor your family members** but will rather be grouped together with other families' as part of overall statistics.*

Occupations: Parent 1/Legal Guardian Occupation _____ Place of Business _____
 Parent 2/Legal Guardian Occupation _____ Place of Business _____

Family Ethnicity: African American American Indian Asian Pacific Caucasian Hispanic Latino
 Middle Eastern South Asian Mixed Other _____

Range of Family Income: Less than \$25,000 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999
 \$75,000 to \$99,999 \$100,000 to \$149,999 \$150,000 to \$199,999 \$200,000 or more

PERMISSIONS

Based on the complexities inherent in interactive virtual programs, we ask all parents to review and note your acceptance of the following:

- I acknowledge and accept that my child(ren)/family may be participating in video activities and webinars that may include them and/or my home environment being seen and heard on a webcam over the internet **INITIALS:** _____
- I acknowledge and accept that Sunrise Day Camp/Sunrise VX/ Sunrise Association will be using a third-party platform like Zoom to facilitate video sessions and I agree that Sunrise Day Camp/ Sunrise VX/ Sunrise Association assumes no liability for any performance issues with Zoom or any other third-party software. **INITIALS:** _____
- I will encourage my child(ren) to follow appropriate online conduct as explained to them and written in the parent manual or risk losing privileges to participate. **INITIALS:** _____
- I acknowledge and accept that virtual camp program sessions may be recorded from time to time, and that all or portions of such recordings/images may be used for purposes including but not limited to sharing with children and families, staff and/or potential staff, teaching and training, and/or marketing/fundraising. By allowing my child to participate in our virtual program, I am granting Sunrise Day Camp/ SunriseVX/ Sunrise Association the right to use such images and/or recordings **INITIALS:** _____
- I hereby give permission for my child(ren)'s name(s), family address, phone number and email to be listed in the camp directory and distributed to camper families in the Sunrise Association Camps community. Yes No **INITIALS:** _____

**These authorizations are limited to the date signed below through July 1st of the following year.
 By signing below, I agree to signing this release and the items as initialed above.**

Parent/Legal Guardian Signature: _____ Print Name: _____ Date: _____

Please send completed signed application to the address listed on first page.

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