



2017 Summer Camp / Summer Program Enrollment Application

IBEW 2213 / CWA / Verizon NY/NE Work Family Committee

Complete ALL information. Please print clearly or type. (Please do not use RED ink)

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

I am (check one)  CWA Local Number \_\_\_\_\_  IBEW 2213  Management

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Address \_\_\_\_\_ NCSD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Marital Status (circle one) Single Married Divorced

Do you participate in the Dependent Care Reimbursement Fund (DCRF)? (circle one) Yes No

If YES, please provide name of your dependent. \_\_\_\_\_

How many children are you requesting summer camp reimbursement for \_\_\_\_\_ ? (\*note: a request for reimbursement form should be filled out for each child.)

(You CANNOT participate in both DCRF and Summer Camp at the same time!)

Employee Authorization:

I, (Print Name) \_\_\_\_\_ have read the 2017 Summer Camp Program rules and agree to abide by them. By signing and submitting this application, I certify the information I have provided is true and accurate. I understand that supplying false information may jeopardize my participation in the Summer Camp Program.

Employee Signature (original) \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be postmarked no later than Friday, August 25, 2017 - No exceptions!

Mail your application to:

NY/NE Regional Work and Family - c/o Beverly Steele, Fund Administrator
120 Hicksville Road, Room 200-A, Massapequa, NY 11758

# 2017 Request for Summer Camp / Summer Program Reimbursement

## COMPLETE ONE REIMBURSEMENT FORM PER CHILD PER CAMP

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Name of Dependent \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Type of Summer Camp (Circle one)                      Summer Day                      Summer Over Night Camp

Camp Name \_\_\_\_\_ Camp Tax ID # \_\_\_\_\_

Camp Address \_\_\_\_\_

Camp Phone Number \_\_\_\_\_

Amount Paid for Camp: (not to exceed \$600 per child) \$ \_\_\_\_\_

Camp Director Authorization: Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Camp Director Signature \_\_\_\_\_

(must be original signature - stamped or faxed signatures will not be accepted)

**Note: If your child attended more than one camp, please submit "Request for Reimbursement" for each camp.**

**To ensure prompt payment the following must be submitted with this form:**

- 2016 - W2 (self and spouse)
- 2016 - IRS 1040 Form (self and spouse)
- Completed application
- Completed reimbursement form
- Proof of Payment in Verizon Employee name

**Noted below are the only acceptable proof of payment:**

- ACH payment receipt
- Cancelled Check (front and back)
- Cancelled Money Order receipt
- Credit Card receipt

If paying cash you must have an original receipt from the camp.

**Application, Tax documents, Request for Reimbursement and Proof of Payment must ALL be submitted together at the time of Enrollment and must be Postmarked no later than Friday, August 25, 2017.**

**Incomplete information will not be processed and will be returned.**

If you have any questions, please contact your Local Work and Family Committee Member  
a list is provided for you @ [www.regionalwfrfc.com](http://www.regionalwfrfc.com)