

Participant's Name _____



CAMP JUST FOR ME PARTICIPANT PACKET 2024

Instructions: Please fill out in full and return to the HHH office.

By mail or drop off: Hormel Historic Home, 208 4th Ave NW, Austin MN 55912

By email: beth@hormelhistorichome.org (jpeg or Word doc acceptable)

Your honest and complete answers will help us to best serve participants.

Participant packet is confidential, reviewed only by CAMP JUST FOR ME Staff.

CJFM will be held July 29 - August 2, 2024 from 2pm-5pm.

DUE BY June 21, 2024

CAMP JUST FOR ME POLICY AGREEMENT

I, _____, have read and understand the following policies provided by the HHH:

(Parent's Name - please print)

***Please initial each line to indicate that you have read and accept each Policy section.*

_____ Service Policy

_____ Teasing Policy

_____ Special Diet Policy

_____ Registration/Fee Policy

_____ Personal Items Policy

_____ Medication Handling Policy

_____ HHH Liability Waiver

Signature

Date

Instructions: Read and keep this page for your records.

CAMP JUST FOR ME SERVICE POLICY

CAMP JUST FOR ME at the Hormel Historic Home exists to serve children with autism spectrum disorders. It is our intention to make camp a safe, enjoyable community for all campers and staff. Therefore, the following policies shall guide all camp operations.

1. Camp programs shall be planned and operated to employ best practices in working with children with autism spectrum disorders. To meet individual needs, the Camp Director(s) shall adjust staff ratios and camp sessions, use proactive strategies, use individual communication systems, use sensory accommodations, and modify programs and environment whenever possible.
2. Camper information packets shall be submitted to the HHH office by the designated due date. Parent/guardian will be sent a reminder letter/email for delinquent packets/required information and be given five business days to submit paperwork. If not received by the HHH office within specified timeframe, camper may forfeit spot in camp for the season. All parents or responsible persons must provide the camp office with emergency contact information for the entire camp session. The HHH cannot be held responsible for lost or delayed mail.
3. Parent/guardian/residential staff must indicate in writing the proactive strategies used to prevent problems with maladaptive behaviors. This should include environmental strategies, refocusing strategies, de-escalation strategies and any other interactive strategies that work. The HHH reserves the right to deny camp attendance to any camper whose principal behavior management plan relies on the use of physical restraints or locked time-outs. No persons employed at camp will use physical restraints or locked time-out as part of behavior management strategies. Any aggressive or self-injurious behaviors that have been exhibited by the camper in the past three months should be reported in writing.
4. Program planning and staff assignments shall be made based upon the information furnished through the parent packets and IEP's if applicable.
5. A camp staff member shall contact parents at least one week prior to camp to identify up-to-date-concerns. The staff person making the contact shall report any concerns to the Camp Director(s).
6. All camp staff participate in a mandatory training covering all aspects of camp including the use of proactive behavior management strategies.
7. If, while at camp, an individual camper exhibits extreme out of control behavior, the following will occur:
 - a) Camp staff shall use emergency procedures to ensure the safety of the individual camper and other campers. The camp staff shall report the behaviors to the Camp Director(s).
 - b) The Camp Director(s) shall assemble a team meeting to determine how to adjust the camper's program, environment, or staff support.
 - c) A written plan shall be prepared describing the problem, suggested strategies, and results of implementing the strategies.
 - d) If the Camp Director(s) determines that (1) the plan has been implemented, (2) the individual camper's behavior poses a threat to the health, safety, and well-being of the camper and /or other campers, and (3) the camp lacks the staff resources, space, and skill to serve the camper, the Camp Director(s) shall call the parent or responsible person to take the camper home.
 - e) The decision to dismiss a camper from camp must be reported to the Executive Director of the HHH before the action is taken.

TEASING POLICY

CAMP JUST FOR ME is designed as a No Teasing Zone. Staff are trained to look for any signs of teasing and, when noticed, treat it very seriously. Extreme, repeated teasing or bullying may be grounds for dismissal from camp.

Instructions: Read and keep this page for your records.

CAMP JUST FOR ME SPECIAL DIET POLICY

We will be visiting a restaurant within walking distance each day and campers will be able to choose a snack.

If your camper has special diet needs or restrictions, please indicate them on the Medical Information Page.

CAMP JUST FOR ME REGISTRATION / FEE POLICY

1. Completed registration form and a tuition deposit of \$50 (Full tuition \$125 due June 21, 2024) is required to be considered for 2024 camp.
2. Registered and paid campers will return completed participant packets by June 21, 2024. Camp staff will review participant packets and determine if each camper is a good fit for the camp.
3. In the rare instance that camp staff determines that a camper is NOT a good fit with the camp, the full camp tuition of \$125 will be refunded.
4. If the camper cancels up to 30 days before the start of camp, the full camp tuition of \$125 will be refunded.
5. If the camper cancels less than 30 days before the start of camp, no refund will be issued.
6. If a camper is asked to leave camp or is unable to remain at camp after the start of camp, any refund will be pro-rated.
7. If parent/guardian/camper chooses to leave camp or not attend camp on their own volition as of the camp start date, no refund will be issued.

PERSONAL ITEMS POLICY

We recommend that clothing and personal items be labeled with camper's name. HHH will contact parent/guardian regarding items left at camp to arrange for pick-up within one month of camp end, at which time items will be donated to charity. HHH will assume no responsibility for lost or ruined articles. We suggest you do not send any expensive or sentimental items, as we are not responsible for lost or damaged items.

MEDICATION HANDLING POLICY

ALL prescription medications must be in their *original containers*, clearly marked with the camper's name and instructions for administration. Camp staff or camp director will not administer medication that is not in its original container which may result in the camper having to leave camp. The camper's medication and the Medication Authorization Form must be provided to the Camp staff or Director upon each camper's arrival at camp.

CAMP JUST FOR ME PHOTO/VIDEO TAPE PERMISSION

As part of the summer program experience, your child may be photographed or videotaped with others. The HHH may use these photographs/videos for certain promotional pieces (including YouTube or other social media) or educational programs related to summer programs.

☐ **Yes** - HHH **has** permission to use such photograph/video tapes of my child for such purposes

--OR--

☐ **No** - HHH **does not have** permission to use such photograph/video tapes of my child for such purposes

Participant's Name _____

Signature: _____ Date: _____

Relationship to Participant: _____

Child's T-Shirt size: (youth sizes)

☐ X-Large

☐ Large

☐ Medium

☐ Small

☐ Adult Small

Participant's Name _____

CAMP JUST FOR ME PARTICIPANT PHOTO

PLEASE ATTACH A PHOTO OF PARTICIPANT TO THIS SPACE

All photos will be retained by the HHH. Staff will use the photo to help welcome participants by name.

Participant's Name _____

Instructions: Please fill out in full and return to the HHH office.

Participant packet is confidential, reviewed only by CAMP JUST FOR ME Staff. **DUE BY June 21, 2024.**

CAMP JUST FOR ME PARTICIPANT INFORMATION

Camper Name: _____ Nickname: _____ Grade for Fall 2023: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Medical Assistance #: _____

Home School District Attending: _____ District #: _____

Name of District Student is Attending: _____ District #: _____

Director of Special Education: _____ Phone #: _____

Address of School: _____ City: _____

State: _____ Zip: _____ Phone: _____

We ask for insurance information ONLY to keep on file in case of emergency. Please include a photo copy of the insurance card.

INSURANCE CO. _____ INS. NO. _____

PHYSICIAN'S NAME _____

CLINIC NAME _____ CLINIC PHONE _____

CLINIC ADDRESS _____

CAMPER'S DOB _____ AGE (at time of camp) _____ HEIGHT _____ WEIGHT _____

(Please estimate if you do not know)

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE #'s (H) _____ (W) _____ (C) _____

OTHER (OUT OF TOWN) _____

EMAIL ADDRESS _____

Emergency Contact Person: _____ C: _____ W: _____

H: _____

Parent's Signature

Date

Participant's Name _____

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CAMP JUST FOR ME MEDICAL INFORMATION

1. Does participant have any special health problems (allergies, etc.)? If so, explain.

2. Does participant experience seizures? If so, please explain type and frequency, and describe a typical seizure and what happens afterwards.

3. Does participant have any diagnostic condition other than ASD? If so, what are the symptoms of this condition? How severe are the symptoms for participant?

4. Is there any other information regarding participant's health that you would like us to know about?

5. Does this participant have any food allergies? Please list:

Does the participant carry an Epi Pen for food or other allergies? Yes___ No ___

6. Is this participant on a restricted diet of any kind?

7. Is this participant on any medications? Please list:

8. Does this participant have any sensory sensitivities? Please list:

Participant's Name _____

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CAMP JUST FOR ME GENERAL PARTICIPANT INFORMATION

1. What topics are of particular interest to participant? What does he/she most like to talk about and what is he/she really good at? (use the back if you need extra space)

2. Please check the setting that best describes your child's school experience.
(Include estimated % time per day if more than one checked):

| | | |
|---|--|---|
| <input type="checkbox"/> Home school _____ | <input type="checkbox"/> Regular Ed. _____ | <input type="checkbox"/> Self-contained classroom _____ |
| <input type="checkbox"/> Special school _____ | <input type="checkbox"/> Resource room _____ | <input type="checkbox"/> One-on-one aide _____ |
| <input type="checkbox"/> Para help available (less than one-on-one) _____ | | |

3. Does participant have a school IEP which includes a behavior plan? ☐ Yes ☐ No (If yes, ***please be aware that the program may request a copy***)

4. Does participant have any obsessions or fears that cause great anxiety we should know about? How do you normally deal with these?

5. Please list situations that cause increased stress for participant. Please list strategies that help decrease stress.

Participant's Name _____

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CAMP JUST FOR ME DAILY ROUTINE INFORMATION

1. Has participant previously attended a camp or summer program?
2. If yes, how was the experience?
3. Does participant have any favorite group activities?
4. Is there any other information that you would like us to know about the participant's daily routine or support needs?

CAMP JUST FOR ME PROACTIVE BEHAVIOR SUPPORT INFORMATION

Summer program provides a very social experience. Participants with ASD typically need some support to make this experience positive. Please help us to design supports for participant. Please use the back if you need more space.

1. How does participant typically express dislikes/frustration/fear? Is there any body language we can look for that indicates participant is frustrated?
2. What are stress triggers for your child?

3. Does participant react to stress/anxiety in any of the following ways? Describe when behavior typically happens.

| <u>Behavior</u> | <u>Rarely</u> | <u>Often</u> | <u>Describe when occurs</u> |
|-----------------|---------------|--------------|-----------------------------|
|-----------------|---------------|--------------|-----------------------------|

| | | | |
|------------------------------------|-------|-------|-------|
| <input type="checkbox"/> Runs Away | _____ | _____ | _____ |
|------------------------------------|-------|-------|-------|

| | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> Fights | _____ | _____ | _____ |
| <input type="checkbox"/> Withdraws | _____ | _____ | _____ |
| <input type="checkbox"/> Becomes Aggressive | _____ | _____ | _____ |

4. If participant ever exhibits aggression, please describe what this looks like **(Please discuss with program director if this behavior has increased within the last year).**

5. Does participant have difficulty with transitions, or moving from one activity to another? What strategies are used?

6. How does participant relax or take a break **other than computer games, watching TV or movies**? What is calming for participant?

7. What are motivators for your child?

Participant's Name _____

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CAMP JUST FOR ME ELECTRONICS POLICY

Participants will not be allowed to use the following items at summer program:

- Personal DVD players
- Handheld Video Games including Game Boy or DSI
- Cell phones
- IPods or other MP3 players
- Personal iPads

CAMP JUST FOR ME and the HHH are not responsible for the security of any personal items. We recommend that expensive or irreplaceable items NOT be sent to summer program.

I understand that my participant will not be allowed to use personal electronics items at summer program.

Parent signature

Participant's Name _____

Instructions: Please fill out in full and return to the HHH office.
Participant packet is confidential, reviewed only by CAMP JUST FOR ME Staff.
DUE BY June 21, 2024.

CAMP JUST FOR ME MEDICATION INFORMATION

1. Does participant take any medication? This includes prescription, nonprescription (over-the-counter) and homeopathic medication.
Yes or No
2. If yes, is it possible to administer medication before and after summer program time each day? If so, please indicate that participant will not need medication administered at summer program here.

☐ **Participant medication will be administered at home during summer program.**

Please list medications that participant receives so that we have it on file for emergencies only.

3. If participant must take medication at summer program, please indicate that here.

☐ **Participant medication must be administered at summer program.**

Please list medication name and administration instructions. Please indicate specifics about when participant takes medications. How flexible can the nurse be when establishing a schedule for the week? Participants typically know their routines and it is important that we do too.

Please list any other medications participant takes that will NOT be administered at summer program so that we have it on file in case of emergencies.

CAMP JUST FOR ME PHYSICAL FORM

This side to be completed by parent.

Name: _____ D.O.B. _____ Gender _____ Age _____
Last First M.I.

Parent or Guardian: _____ Phone _____

Home Address _____
Street City State Zip Code

If not available in an emergency notify:

_____ Phone _____
Name

_____ Street City State Zip Code

HEALTH HISTORY (Check & give approximate dates)

GENERAL

Ear Infections _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

Behavior _____

ALLERGIES

Hay Fever _____

Poison Ivy, etc. _____

Insect Stings _____

Penicillin _____

Other Medications _____

DISEASES

Chicken Pox _____

Measles _____

German measles _____

Mumps _____

Asthma _____

Operations or Serious Injuries (include dates) _____

Chronic or Recurring Illness (include dates) _____

Other Diseases (or details of above) _____

Any specific activities to be encouraged? _____

Restricted? _____

Suggestions from parents: _____

PLEASE INCLUDED COPY OF IMMUNIZATION RECORD.

PARENT'S OR GUARDIAN'S AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the attending physician.

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Summer program Director(s) to hospitalize, secure proper treatment for, and to order injections, anesthetic or surgery for my child as named above.

Signature _____ Date _____

Parent or Guardian

Camper's Name _____

Instructions: Please fill out in full and return to the HHH office IF YOUR CHILD WILL BE TAKING
MEDICATION DURING CAMP

Camper packet is confidential, reviewed only by Camp Just for Me Staff. **Turn in by June 21, 2024.**

CAMP JUST FOR ME AUTHORIZATION OF MEDICATION ADMINISTRATION

Name of Camper: _____ D.O.B. _____

Please include all prescription, non-prescription, and homeopathic medication(s). If camper needs an emergency medication (such as an inhaler for asthma or EPI-pen for bee stings), please send two.

| Medical Condition | Medication | Strength | Dose | Time | Route | Possible Side Effects |
|-------------------|------------|----------|------|------|-------|-----------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

**Permission to administer, as needed, to be determined by Designated by Camp Personnel.
If you check yes, please pack with the other medication listed above for your camper.**

| Medication | Yes | No |
|----------------------------|-----|----|
| Diphenhydramine / Benadryl | | |
| Acetaminophen / Tylenol | | |
| Ibuprofen / Motrin | | |

Print or Type Name of Physician/Licensed Prescriber

Physician's/Licensed Prescriber's Signature

Clinic Name

Date

Clinic Phone Number

Clinic Address

Emergency Number

Parent / Guardian Authorization

1. I request the above medication(s) be given at Camp as ordered by this Camper's physician/licensed prescriber.
2. I release Camp personnel from liability in the event adverse reactions result from taking the medication(s).
3. I give permission for the medication(s) to be given by designated by camp personnel.

Parent / Guardian Signature

Date

Relationship to Camper

NOTE: Medication is to be supplied in the original/prescription bottle ONLY.

Hormel Historic Home (HHH)
WAIVER AND RELEASE OF LIABILITY AGREEMENT
This form may not be edited or amended in any way without the permission of HHH

_____ (printed name of Parent(s)/guardian(s): I hereby agree, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any, to the following:

The camper/guardian has read and understands all the information in this application and acknowledges that a wide variety of activities are conducted at **Hormel Historic Home (HHH)** camps and gives permission for the camper named above to participate in these activities assuming all ordinary risks normally inherent to the nature of the activities. It is also understood that the camper may be transported and be out of camp while on a field trip or camping trip.

That in consideration of **HHH** allowing use of camp programs at various locations and participation in its activities, under the terms set forth herein, I agree to hold harmless, release and discharge **HHH**, its owners, agents, employees, personnel, sponsors, officers, directors, representatives, assigns, members, affiliated organizations, insurers, and others acting on its behalf (hereinafter collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to **HHH** and/or its ASSOCIATES' ordinary negligence; and I do further agree that, except in the event of **HHH** and/or its ASSOCIATES' gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against **HHH** and/or its ASSOCIATES as stated above in this clause, for any economic and/or non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor children and/or legal wards, if any, in relation to the premises and/or operations of **HHH**.

That if I engage in any physical activity or use of any camp facility on the premises, I agree to do so at my own risk and assume the risk of any and all injury and/or damage while engaging in any physical activity or use of any camp facility on the premises. My assumption of risk includes, but is not limited to, my use of any facility items (see Camp Waiver/Release form). I agree to assume this risk in my participation in any activity, class, program, service, instruction or **HHH** sponsored event. I agree that I am VOLUNTARILY participating in camp activities and using camp facilities and premises and assume all risk of injury, harm, damage, or loss to me and my property that might result, including, without limitation, any loss or theft of any personal property. In the event of illness or injury to my child, I authorize any official representative of **HHH** to administer and/or secure medical treatment as deemed necessary by said representative.

This Agreement shall be governed by the laws of the State of Minnesota. If any of its provisions are held to be invalid or unenforceable by a court of competent jurisdiction, such holding shall not invalidate any of the other provisions of this Agreement, it being intended that the provisions of this Agreement are severable.

I attest that the camper is fit and prepared to use camp facilities and participate in camp activities. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK. I AM AWARE AND AGREE THAT BY SIGNING THIS WAIVER AND RELEASE, I AM GIVING UP MY RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM Hormel Historic Home FOR ITS NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON THE CAMP PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Further, I understand that this Agreement also waives and releases the Hormel Historic Home from any liability for negligence causing any injury to my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any. I attest that they are fit and prepared to utilize **camp** facilities and participate in **camp** activities.

Signature: _____
(Signature of adult camper or parent/guardian)

Date: _____

Printed Name of Parent/Legal Guardian/Guardian Ad Litem (if applicable): _____

Camp Just for Me Camp Release of Information

1. Student Information

Name: _____ DOB: _____ Date: _____
School: _____ ID Number: _____

2. Parent/Guardian Information

Name: _____ Phone: _____
Address: _____ City: _____ State: _____

3. I am requesting:

District Name/No: _____
School: _____ Person: _____
Address: _____ City: _____ State: _____
☐ To release the specific information identified in Section 5 below to:
☐ To obtain the specific information identified in Section 5 below from:

4. Organization

Name: _____ Person: _____
Address: _____ City: _____ State: _____

5. Information to be released, created between ____/____/____ and ____/____/____:

- | | |
|---|---|
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Teacher/Counselor/Staff Observations |
| <input type="checkbox"/> Social Work Report | <input type="checkbox"/> Psychological Report |
| <input type="checkbox"/> All Health/Medical Information | |
- Or, release only the following specific portions of the student's health/medical information:
- | | |
|--|--|
| <input type="checkbox"/> History/Physical | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Other health/medical information: _____ | |
| <input type="checkbox"/> Other: _____ | |

The following information requires special consent by law. Even if you indicate all health/medical information, you must specifically request the following information in order for it to be released:

- ☐ Chemical dependency program
☐ Psychotherapy notes (this consent cannot be combined with any other)

Authorization for Release of Information for _____

6. Health Information includes written and oral information

By indicating any of the categories in Section 5, you are giving permission for written information to be released and for the person identified in Section 3 to talk to a person in Section 4 about your child's information.

If you do not want to give your permission for a person in Section 3 to talk to a person in Section 4 about your child's information, initial here: _____

7. Reasons for releasing information:

To gather information to best prepare an individualized and safe day camp opportunity.

8. I understand that:

- By signing this form, I am requesting the information identified in Section 5 will be exchanged between the school and the organization identified in Section 4;
 - I may stop this consent at any time by writing the district, school or person identified in Section 3;
 - When the information specified in Section 5 is exchanged between the school and the third party identified in Section 4, the information could be redisclosed by the party that receives it and may no longer be protected by federal or state privacy laws;
 - If the organization in Section 4 is a health care provider, they will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this consent form; and
 - This consent will end one year from the date the form is signed unless I indicate an earlier date or event here:
Date: ____/____/____ or specific event: _____
-

9. Signature:

Parent/Guardian or Adult Student

Date

Required demographic questionnaire

As a condition of receiving grant funding from the United Way, we need to collect data on the families being served by the Autism Camps. You do not need to identify yourself on this form. Please fill out and return with your camper packet. Thank you.

Q1: What is the ethnicity of the participant?

- ☐ Hispanic
- ☐ White
- ☐ American Indian
- ☐ Black
- ☐ Other _____

Q2: How many people are living in your household? _____

Q3: What is the income level of your household? Circle the number of people that live in your home and the amount that best represents your family's income.

Q4: What camp will your child attend in 2022? _____

2022 Poverty Guidelines – Annual

| Household Size | 100% | 133% | 138% | 150% | 200% | 250% | 300% | 400% |
|-----------------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| 1 | \$13,590 | \$18,075 | \$18,754 | \$20,385 | \$27,180 | \$33,975 | \$40,770 | \$54,360 |
| 2 | \$18,310 | \$24,352 | \$25,268 | \$27,465 | \$36,620 | \$45,775 | \$54,930 | \$73,240 |
| 3 | \$23,030 | \$30,630 | \$31,781 | \$34,545 | \$46,060 | \$57,575 | \$69,090 | \$92,120 |
| 4 | \$27,750 | \$36,908 | \$38,295 | \$41,625 | \$55,500 | \$69,375 | \$83,250 | \$111,000 |
| 5 | \$32,470 | \$43,185 | \$44,809 | \$48,705 | \$64,940 | \$81,175 | \$97,410 | \$129,880 |
| 6 | \$37,190 | \$49,463 | \$51,322 | \$55,785 | \$74,380 | \$92,975 | \$111,570 | \$148,760 |
| 7 | \$41,910 | \$55,740 | \$57,836 | \$62,865 | \$83,820 | \$104,775 | \$125,730 | \$167,640 |
| 8 | \$46,630 | \$62,018 | \$64,349 | \$69,945 | \$93,260 | \$116,575 | \$139,890 | \$186,520 |
| For each person over 8 add: | | | | | | | | |
| | \$4,720 | \$6,277 | \$6,514 | | \$7,080 | \$9,440 | | |
| | \$11,800 | \$14,160 | \$18,880 | | | | | |