

**Circle of Friends Day Camp
Hormel Historic Home – Austin, Minnesota**

CAMPER PACKET 2023

Instructions: Read and keep this page for your records.

We have received registration for camper _____

to attend Circle of Friends Day Camp on Monday-Friday, June 26-30, 2023

<u>Monday, June 26</u>	<u>Tuesday, June 27</u>	<u>Wednesday, June 28</u>	<u>Thursday, June 29</u>	<u>Friday, June 30</u>
Building opens 9:15 a.m.	9:15 a.m.	9:15 a.m.	9:15 a.m.	9:15 a.m.
Camp starts 9:30 a.m.	9:30 a.m.	9:30 a.m.	9:30 a.m.	9:30 a.m.
Camp ends 2:45 p.m.	2:45 p.m.	2:45 p.m.	2:45 p.m.	12:45 p.m.
Building closes (campers MUST BE PICKED UP) 3 p.m.	3 p.m.	3 p.m.	3 p.m.	1 p.m.

If your camper CANNOT ATTEND, please contact the Hormel Historic Home office at 507-433-4243 IMMEDIATELY. Another camper on the waiting list may be able to be served.

Instructions: Read and keep this page for your records.

Circle of Friends Day Camp SERVICE POLICY

The Circle of Friends Day Camp 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 phone call shall be made by camp staff at least one week prior to camp to identify up-to-date-concerns. The staff person making the call 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.

Instructions: Read and keep this page for your records.

Circle of Friends SPECIAL DIET POLICY

Campers need to bring their own lunch to camp each day.

Snacks will be provided by the Camp.

If your camper has special diet needs or restrictions, please indicate them on the Special Diet form (page 12).

If you have indicated diet restrictions OR food allergies, you will be notified of the planned snack once the snack schedule is determined. If your camper cannot eat the snack planned by camp staff, please send an alternative snack for your camper with lunch.

Circle of Friends REGISTRATION / FEE POLICY

1. Campers whose completed registration form and camp tuition deposit \$50 (or full tuition of \$150) is received by Tuesday, May 30, 2023 (or until camper spots are filled) will be eligible for 2023 camp. Full tuition due by **Tuesday, May 30, 2023.**
2. Registered and paid campers will return completed camper packets by **Tuesday, May 30, 2023.** Camp staff will review camper 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 \$150 will be refunded.
4. If the camper cancels up to 60 days before the start of camp, the full camp tuition of \$150 will be refunded.
5. If the camper cancels less than 60 days of 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 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 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 upon each camper's arrival at camp.

Camper's Name _____

**Circle of Friends Day Camp
CAMPER PACKET 2023**

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***

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

Camper packet is confidential, reviewed only by Circle of Friends Day Camp Staff.

DUE BY Tuesday, May 30th, 2023. If not received by May 30th, camper may be moved to waiting list.

Circle of Friends Day Camp 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.*

- _____ Camp Schedule, pg 1
- _____ Registration/Fee Policy, pg 3
- _____ Service Policy, pg 2
- _____ Special Diet Policy, pg 3
- _____ Personal Item Policy, pg 3
- _____ Electronics Policy, pg 11
- _____ Medication Handling Policy, pg 3

Signature

Date

Circle of Friends Day 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

Circle of Friends Day Camp PHOTO/VIDEO TAPE PERMISSION

As part of the camp experience, your child may be photographed or videotaped with others. The HHH may use these photographs/tapes in certain promotional or educational programs related to camp.

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

Camper's Name _____

Signature: _____ Date: _____

Relationship to Camper: _____

Home Language Spoken: _____

Interpreter required?: _____

Camper T-Shirt Size

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

- X-Large Large Medium Small
 Adult Small

Circle of Friends Day Camp CAMPER PHOTO

PLEASE ATTACH A PHOTO OF YOUR CAMPER TO THIS SPACE ONLY if this the *FIRST* time your child is attending camp.

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

Camper's Name _____

Instructions: Please fill out in full and return to the HHH office. Camper packet is confidential, reviewed only by Circle of Friends Day Camp Staff. DUE BY Tuesday, May 30th, 2023.

Circle of Friends Day Camp CAMPER 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

Camper's Name _____

Instructions: Please fill out in full and return to the HHH office.
Camper packet is confidential, reviewed only by Circle of Friends Day Camp Staff. DUE BY Tuesday, May 30th, 2023.

Circle of Friends Day Camp MEDICAL INFORMATION

1. Does your child take any medication? If so, please complete the “Authorization of Medication Administration” form and include reason for medication.

- a. Are there special ways your child takes the medicine (i.e. a special spoon or mixture)? Please be specific and bring any special items your camper may need.
- b. Will camp staff need to administer this medication during the camp session?
 Yes NO
- c. **You are responsible to provide staff with any updates or changes on the first day of camp.**

2. Does your child have any special health problems (including allergies to food, medications, lotions, etc.)? Please explain.

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

4. Is there any other information regarding your child’s health that you would like us to know about?

Camper's Name _____

Instructions: Please fill out in full and return to the HHH office.
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Circle of Friends Day Camp GENERAL CAMPER INFORMATION

1. What are your child's interests (please feel free to elaborate):

- | | | |
|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Science | <input type="checkbox"/> Animals/Nature | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Video games | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Art | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____ |

2. What is your child really good at?

3. What specific areas might trigger stress and/or anxiety for your child? Please be specific.

- Sounds (type) _____
- Smells (specific) _____
- Visual _____
- Motor/ Movement _____
- Touch/ Tactile _____
- Tastes _____
- Activities _____
- Other _____

4. Does your child react to stress/anxiety in any of the following ways? (Check all that apply)

<u>Communicative Behavior</u>	<u>Frequency of Response</u>
<input type="checkbox"/> Runs Away	_____
<input type="checkbox"/> Fights	_____
<input type="checkbox"/> Withdraws	_____
<input type="checkbox"/> Becomes Aggressive	_____
<input type="checkbox"/> Other	_____

5. Please list strategies/activities/routines that help decrease stress or are calming.

6. Does your camper have a school IEP which includes a behavior plan? Yes No (If yes, ***please include a copy***)

7. Does your camper have a school behavior plan separate from the IEP? Yes No (If yes, ***please include a copy of the most recent plan***)

Camper's Name _____

Instructions: Please fill out in full and return to the HHH office.
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Circle of Friends Day Camp PROACTIVE BEHAVIOR SUPPORT INFORMATION

Camp provides a very social experience. Campers with ASD typically need some support to make this experience positive. Please help us to design supports for your camper. Please use the back if you need more space.

1. Does your camper have any unusual fears? How do you usually handle this at home?

2. Is there any other information you would like us to know about your camper's daily routine or support needs?

3. Has your camper previously attended camp?

4. If yes, how was the experience?

5. Does your camper have specific sensory sensitivities? If yes, please explain.

6. If your camper ever exhibits aggression, please describe what this looks like.

7. Does your camper have difficulty with transitions, or moving from one activity to another? What strategies are used?

8. What are motivators for your child?

Camper's Name _____

Instructions: Please fill out in full and return to the HHH office.
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Circle of Friends Day Camp ELECTRONICS POLICY

Campers will not be allowed to use the following items at camp:

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

Circle of Friends Day Camp and the HHH are not responsible for the security of any personal items. We recommend that expensive or irreplaceable items NOT be sent to camp.

I understand that my camper will not be allowed to use personal electronics items at camp.

Parent signature _____

I understand that I will not be allowed to use personal electronics items at camp.

Camper signature _____

Camper's Name _____

Instructions: Please fill out in full and return to the HHH office.
Camper packet is confidential, reviewed only by Circle of Friends Day Camp Staff. DUE BY Tuesday, May 30th, 2023.

Circle of Friends Day Camp SPECIAL DIET

1. Does your camper have any food allergies? Yes or No

2. If yes, please list all known food allergies:

3. Does your camper carry an epi pen because of food allergies? Yes or No

4. Does your camper follow a restricted diet (such as gluten-free)? Yes or No

If yes, please describe the camper's diet. Include a list of foods or ingredients that the camper CANNOT eat.

Reminder: Campers will bring their own lunch to camp each day. The camp will provide a snack. Families will receive a snack menu before camp and can plan to send snacks as well if the camp-provided snacks do not meet diet requirements.

This form must be filled out by doctor and parent/
guardian

Circle of Friends Day Camp PHYSICAL FORM

This side to be completed by parent and checked with physician at time of examination.

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

_____ City State Zip Code
Street

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: _____

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 Camp 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

**This form must be filled out by doctor and parent/
guardian**

IMMUNIZATION HISTORY

Record of dates of basic immunizations and most recent booster dates

Type of Vaccine (month, day & year of each vaccine)	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose
Diphtheria, Tetanus, Pertusis (DPT, DT, DTP/Hib, Td)					
Polio					
Hepatitis B					
Measles, Mumps & Rubella (MMR)					
Varicella (chicken pox)					

Conscientious Objection Parent/Guardian Signature _____ Date _____

MEDICAL EXAMINATION (To be completed by a licensed physician)

This examination should be performed within 12 months prior to arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

	WNL	Abnormal (explain findings)		WNL	Abnormal (explain findings)
Height			B.P.		
Weight			Heart		
Eyes			Lungs		
Ears			Abdomen		
Nose			Extremities		
Throat			Posture/Spine		
Teeth			Hernia		
Skin			Other		
General Appraisal:			Allergies:		

FOR GIRLS AND WOMEN

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special Considerations: _____

RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP

Special Diet _____

Special Medication (Name and dosage) _____

Is Parent sending medication? _____

Swimming, diving _____ Strenuous Activity _____

Other _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in activities as noted above.

Physician Name (please print) _____ Phone: _____

Address: _____

Physician Signature _____ *Date* _____

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): _____

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 2023? _____

2023 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