

Please put "Summer Camp" on the outside of the envelope!



2025 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 _____

Work Address _____ NCSD _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

E-mail _____ Marital Status (circle one) ☐ Single ☐ Divorced

Do you participate in the Dependent Care Reimbursement Program (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 2025 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 22, 2025 - 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

updated 6/2/25

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2025 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 _____ Start Date _____ End Date _____

Amount Paid for Camp: (not to exceed \$1,500 per family) \$ _____

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:

- 2024 - W2 (self and spouse)
- 2024 - 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)
- Credit Card receipt
- Venmo / Zelle

If paying in cash you **MUST** provide original receipt from the camp, website information, camp flyer as well as a phone number for committee to call for verification

Application, Tax documents, Request for Reimbursement and Proof of Payment must ALL be submitted AT THE SAME TIME and must be Postmarked no later than Friday, August 22, 2025.

Incomplete information will not be processed.

If you have any questions, please contact your Local Work and Family Committee Member
a list is provided for you @ www.regionalwfrc.com

updated 6/2/25