



# CAMP OTY'OKWA

## Summer Camp Registration 2011



Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ Birth-date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Age by June 20th \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ (Relationship) Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If the parent/guardian cannot be reached, person(s) to be notified in case of emergency:				Release Camper to this contact?	
Name	Relationship to Child	Phone	Cell phone	YES	NO

2011 Camp Registration				Explorer's & Adventure Camp	Special Care Camp	Full Camp fee \$50/day	BBBS of Ohio Fee \$10/day
Please indicate the 1st, 2nd or 3rd preferred choice of sessions that your child is interested in attending.							
Session	1st Day	Last Day	# Days				
1	Mon, June 20	Wed, June 29	10			\$500	\$100
2	Sat, July 2	Mon, July 11	10			\$500	\$100
3	Thur, July 14	Mon, July 18	5			\$250	\$50
4	Wed, July 20	Fri, July 29	10			\$500	\$100
5	Mon, Aug 1	Wed, Aug 10	10			\$500	\$100
6	Sat, Aug 13	Sat, Aug 20	8			\$400	\$80

Please select one of the following options regarding BUS TRANSPORTATION from the Columbus BBBS office		
WILL NOT be riding the bus	\$0	
WILL be riding the bus TO & FROM Camp	\$20	
WILL ride bus TO Camp ONLY	\$10	
WILL ride bus FROM Camp ONLY	\$10	

# CAMP OTY'OKWA LIABILITY RELEASE AND CONSENT

I, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_,  
(parent/legal guardian's name) (camper's name)  
 a minor, and I agree to permit him or her to attend and participate in the Big Brothers Big Sisters of Central Ohio, Camp Oty'Okwa Summer Camp.

*I understand that certain risks and dangers may exist in my child's attendance and participation in Camp Oty'Okwa and that my child's attendance and participation in Camp Oty'Okwa is conditioned upon my agreement to release any claims of liability, including, but not limited to, any claims for property loss or personal injury to my child/ward. Therefore, in exchange for the opportunity of my child/ward to attend and participate in Camp Oty'Okwa, I hereby voluntarily release Big Brothers Big Sisters of Central Ohio, its board, officers, staff, employees and volunteers from all claims which I or my child/ward may have for liability or legal responsibility for any damage or loss of any kind, including, without limitation, claims for personal injury, property damage or loss, and economic loss occurring during or resulting from my child's attendance and/or participation and/or travel to or from Camp Oty'Okwa which is caused by negligence, breach of contract, strict liability, or otherwise.*

*I give full permission for my child/ward to participate in all phases of activities. I have read the camp information and understand and agree to cooperate with all regulations. I also understand that in case of late cancellation, the registration fee will not be refunded. I give my permission to allow Camp Oty'Okwa and Big Brothers Big Sisters of Central Ohio, to use any photographs taken of my child/ward.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## BBBS RELATIONSHIP

Child's name: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Big Brothers Big Sisters (BBBS) of Central Ohio Relationship:

- The child is NOT IN BBBS of Central Ohio.
- The child is involved with another BBBS agency: \_\_\_\_\_
- The child is interested in Camp ONLY.
- The child is on the BBBS Waiting List
- The child is MATCHED with a BBBS Big Brother or Big Sister.
- The child is in the BBBS SCHOOL BASED Program

Your BBBS of Central Ohio Caseworker is: \_\_\_\_\_

## FINANCIAL ASSISTANCE APPLICATION

This is only an application and your request will be reviewed by your BBBS Caseworker and/or Camp Administration. If the request is approved, the reduced fee will be indicated on your confirmation.

Number of people in the household? \_\_\_\_\_

Circle the TOTAL Household Income in one of the columns below:

Annual	Monthly	Weekly
Below \$4,999	0 - \$1,174	0 - \$271
\$5,000 - \$9,999	\$1,175 - \$1,579	\$272 - \$365
\$10,000 - \$19,999	\$1,580 - \$1,984	\$366 - \$458
\$20,000 - \$39,999	\$1,985 - \$2,389	\$459 - \$552
\$40,000 - \$59,999	\$2,390 - \$2,794	\$553 - \$645
\$60,000 - \$79,999	\$2,795 - \$3,200	\$646 - \$739
\$80,000 - above	\$3,201 - \$3,605	\$740 - \$832

Does your child receive free or reduced lunches at school?  Yes  No  
 If yes, please include documentation for this program.

Amount of camp fee you are able to pay: \_\_\_\_\_

Amount of bus fee you are able to pay: \_\_\_\_\_

All approved fees must be paid by September 1st.  
 If financial problems develop, the parent/guardian is responsible for contacting their BBBS Caseworker or the Camp Department to make additional arrangements to complete payment.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENTS

Make CHECK or MONEY ORDER payable to  
**BIG BROTHERS BIG SISTERS**

Please PRINT your CHILD'S NAME in the MEMO

Credit Card Payment: Credit Card cancellations require a \$20 processing fee.

- Visa  MasterCard
- Discover  American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Approved SESSION FEE: \_\_\_\_\_ Session Payment: \_\_\_\_\_

Approved Session #: \_\_\_\_\_

Approved BUS FEE: \_\_\_\_\_ Bus Payment: \_\_\_\_\_

Confirmation Sent Date: \_\_\_\_\_

# CAMPER HISTORY

In an effort to ensure your child is placed in the most appropriate cabin group, please provide us with the following information. All information will be kept confidential.

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Racial/Ethnic History: You are not required to answer this question. If you choose, please indicate one or more of the following identities:

American Indian or Alaskan Native  
Native Hawaiian or other Pacific Islander  
Black or African American  
Hispanic or Latin  
Asian  
White or Caucasian  
Somali  
Multi-Racial \_\_\_\_\_  
Other \_\_\_\_\_

### Child's Camp Experience:

The child has attended Camp Oty'Okwa Summer Camp. This will be the child's \_\_\_\_\_ year at Camp Oty'Okwa.

Has this child attended another camp before? \_\_\_\_\_ When and where? \_\_\_\_\_

Please comment on the child's previous camp experience. \_\_\_\_\_

Please indicate which of the following information pertains to this child:

Child's Educational Background: \_\_\_\_\_ Grade Level Camper currently attending \_\_\_\_\_

\_\_\_ Resource Class  
\_\_\_ Regular classes  
\_\_\_ Regular classes with tutoring  
\_\_\_ Self-contained Special Class  
\_\_\_ Special School (ex. St. Vincent, Rosemont)  
\_\_\_ Special Class with Mainstreaming  
\_\_\_ Special Class for LD, SBH, DH, SED  
\_\_\_ ESL - English as a second language  
\_\_\_ Residential School  
\_\_\_ No longer attends school  
\_\_\_ Home Schooled

### Child's Characteristics:

\_\_\_ Immature  
\_\_\_ Mature  
\_\_\_ Self-reliant  
\_\_\_ Shy / withdrawn  
\_\_\_ Inattentive  
\_\_\_ Complains  
\_\_\_ Non-conforming  
\_\_\_ Physically small for age  
\_\_\_ Insensitive  
\_\_\_ Demanding  
\_\_\_ Confident  
\_\_\_ Friendly  
\_\_\_ Disruptive  
\_\_\_ Disobedient  
\_\_\_ Usually obedient  
\_\_\_ Physically big for age  
\_\_\_ Teases  
\_\_\_ Patient  
\_\_\_ Outgoing  
\_\_\_ Helpless  
\_\_\_ Sensitive  
\_\_\_ Moody  
\_\_\_ Temper outbursts  
\_\_\_ Physically aggressive  
\_\_\_ Works well with others  
\_\_\_ Likes to be alone  
\_\_\_ Resistant to authority  
\_\_\_ Feels inadequate  
\_\_\_ Needs a lot of attention  
\_\_\_ Needs encouragement

### Concerns and Assistance that may be needed:

\_\_\_ Vision  
\_\_\_ Hearing  
\_\_\_ Mobility  
\_\_\_ Medication  
\_\_\_ Brushing teeth  
\_\_\_ Toileting  
\_\_\_ Bed wetting  
\_\_\_ Dressing  
\_\_\_ Allergies  
\_\_\_ Religious restrictions  
\_\_\_ Food allergies  
\_\_\_ Special dietary needs  
\_\_\_ Homesickness  
\_\_\_ Fears  
\_\_\_ Temperament  
\_\_\_ Other

Please explain \_\_\_\_\_

Is the child involved with counseling of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain. \_\_\_\_\_

Please comment on the following regarding your child.

Self-esteem: \_\_\_\_\_

Does your child regularly use inappropriate language? \_\_\_\_\_

List the camper's strengths, abilities and talents: \_\_\_\_\_

Areas of success your child has had: \_\_\_\_\_

Problems your child has: \_\_\_\_\_

What would you like your child to accomplish while at camp? \_\_\_\_\_

Are there procedures at home, behavior management techniques or other information about this child that we should know? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain. \_\_\_\_\_

Camp Oty'Okwa is **REQUIRED** to obtain the following information for **EACH CAMPER**. If this information is not applicable, please indicate with "N/A" and your signature at the bottom. This information will not exclude a child from participation in program activities or meals.

**Ohio Summer Food Service Program-2011 Income Eligibility Application Attachment 10**

**INSTRUCTIONS:** Part 1 of this form is to be used only for children receiving OMF, Ohio Works First (was formerly TANF and AFDC) or for children living in a household receiving Food Stamp benefits. Part 2 is only for children not receiving Food Stamp benefits or OMF benefits. Fill in the part which addresses your situation. An Adult signature is needed when completing both Part 1 or 2. If you need more space, use a separate piece of paper. (\* Asterisk items must be filled in for each part you complete.)

\* **PRINT CHILD INFORMATION WHEN COMPLETING EITHER PART 1 OR PART 2:** Enter **ONLY** name of those children who will be participating in the Summer Food Service Program.

* NAME	AGE	* NAME	AGE
1.		3.	
2.		4.	

**PART 1 - FOR CHILDREN RECEIVING FOOD STAMPS OR OHIO WORKS FIRST (OMF)**  
 YES, I received Food Stamp or OMF benefits for the child(ren) listed above this month and request meal benefits. My Food Stamp or OMF number is:

\_\_\_\_\_ \* **FOOD STAMP NUMBER (10-12 digit number)** OR  
 \_\_\_\_\_ \* **OHIO WORKS FIRST NUMBER** OR  
 \_\_\_\_\_ \* **FDPIR Identification Number (Food Distribution Program on Indian Reservations)**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp and OMF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
 SIGNATURE OF ADULT HOUSEHOLD MEMBER      ADDRESS      DAYTIME PHONE      DATE

**PART 2 - FOR CHILDREN NOT RECEIVING FOOD STAMPS OR OMF**  
**HOUSEHOLD MEMBERS AND MONTHLY INCOME:** List the names of everyone living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income **BEFORE** deductions, taxes, or social security, etc. To figure monthly income, if income is received every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

* <b>HOUSEHOLD MEMBERS</b>	* <b>INCOME BY SOURCE</b>			
	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALL OTHER MONTHLY INCOME
1. LIST ALL HOUSEHOLD MEMBERS' NAMES (LAST NAME, FIRST NAME)				
2.				
3.				
4.				
5.				
6.				

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 2 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
 \* SIGNATURE OF ADULT HOUSEHOLD MEMBER      LAST 4 DIGITS OF SOCIAL SECURITY # \_\_\_\_\_  
 \* SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER  
 Write "None" if adult signer does not have a SSN

\_\_\_\_\_  
 HOME ADDRESS      ZIP CODE      DAYTIME PHONE      DATE

**FOR SPONSOR USE ONLY**

Total Household Monthly Income \_\_\_\_\_ Signature of Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_ ELIGIBILITY DETERMINATION \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_