



CAMP OTTY'OKWA

Summer Camp Registration 2009

BIG BROTHERS BIG SISTERS of Central Ohio

1855 E. Dublin-Granville Road

Columbus, OH 43229-3516

614-839-2447 Fax: 614-839-4770

www.bbbscentralohio.org

www.campotyokwalodging.com



Child: Last _____ First _____ Middle _____ Male _____ Female _____

Address _____ Birthdate _____

City _____ State _____ Zip _____ County _____ Camper's age by June 21: _____

Parent/guardian: _____ (Relationship) Mother _____ Father _____ Other _____

Home phone _____ Work phone _____ Cell phone _____

If the parent/guardian cannot be reached, person(s) to be notified in case of emergency:				Approved to release the child to if the parent/guardian is not available.	
Name	Relationship to the Child	Phone	Cell phone	YES	NO

What is the child's **RELATIONSHIP** with Big Brothers Big Sisters of Central Ohio (BBBS), and which programs does he/she participate?

- Matched with a Big Brother/Sister (Traditional 1-1 Program)
- School Based Program (see pg. 3) _____
- Waiting List - Enrolled with Big Brothers Big Sisters to be matched.
When was he/she enrolled? _____
- My child is **NOT** enrolled with Big Brothers Big Sisters of Central Ohio
- Camp Otty'Okwa This is the child's _____ summer at Camp Otty'Okwa.

Your Caseworker at Big Brothers Big Sisters of Central Ohio is:

Is the child associated with other agencies? YES NO

Please list: _____

Is either Parent or Guardian incarcerated or in prison?

YES NO

2009 Camp Registration				Explorers & Adventure Camps	Special Care Camp	Full Camp Fee	BBBS of Central OH Camp Fee	Please select one of the following options regarding BUS Transportation from the Columbus BBBS office.		
Session	1st Day	Last Day	# Days					Camper WILL NOT be riding the bus.		
1	Sunday, June 21	Thursday, June 25	5			\$200	\$50	0		
2	Sunday, June 28	Tuesday, July 7	10			\$400	\$100			
3	Friday, July 10	Sunday, July 19	10			\$400	\$100			
3A	Friday, July 10	Tuesday, July 14	5			\$200	\$50	\$15		
3B	Wednesday, July 15	Sunday, July 19	5			\$200	\$50			
4	Wednesday, July 22	Sunday, July 26	5			\$200	\$50	\$7.50		
5	Wednesday, July 29	Friday, August 7	10			\$400	\$100			
6	Monday, August 10	Wednesday August 19	10			\$400	\$100	\$7.50		

PAYMENTS:

Make **CHECKS** or **MONEY ORDERS** payable to **Big Brothers Big Sisters**.

Please **PRINT** your **CHILD'S NAME** on the check or money order.

CREDIT CARD Payment: Credit card cancellations require a \$20 processing fee.

Visa MasterCard Discover American Express

Account Number _____ Expiration Date _____

Card Holder Signature _____ Date _____

 OFFICE USE ONLY	Sessions Fee	Session Payment	Approved Session # _____
	Bus Fee	Bus Payment	Cash _____ Check _____ Money Order _____
	Total Fee	Special Funding	Credit Card _____ Date submitted _____
	Approved by _____		Confirmation sent date: _____

CAMPER HISTORY

In an effort to insure your child is placed in the most appropriate cabin group for him/her, please provide us with the following information that will help us in our placement. All information will be kept confidential.

Child's Name _____ Male Female Age _____ Session _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Racial _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian | |

Child's Camp Experience:

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Student grade levels _____ | <input type="checkbox"/> Resource Class | <input type="checkbox"/> Special School (ex: St. Vincent, Rosemont) |
| <input type="checkbox"/> Regular classes | <input type="checkbox"/> Special Class with Mainstreaming | <input type="checkbox"/> Residential School |
| <input type="checkbox"/> Regular classes with tutoring | <input type="checkbox"/> Special Class for LD, SBH, DH, SED | <input type="checkbox"/> No longer attends school |
| <input type="checkbox"/> Self-contained Special Class | <input type="checkbox"/> ESL - English as a second language | <input type="checkbox"/> Home Schooled |

Child's Characteristics:

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

Concerns and Assistance that may be needed:

- | | | | |
|-------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Brushing teeth | <input type="checkbox"/> Allergies | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Religious restrictions | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Temperament |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Dressing | <input type="checkbox"/> Special dietary needs | <input type="checkbox"/> Other _____ |

Please explain _____

Is the child involved with counseling of any kind? _____ 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? _____

If so, please explain _____

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 Association of Central Ohio., Inc., 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 Association of Central Ohio., Inc. to use any photographs taken of my child/ward.

Parent/Guardian Signature _____ Date _____

FINANCIAL ASSISTANCE APPLICATION

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

Child's name: _____
 Parent/guardian's name: _____

Indicate the number of people in the household and check the **TOTAL Household Income** in one of the columns below:

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

- The child is **NOT IN BBBS of Central Ohio.**
- The child is **MATCHED with a BBBS Big Brother or Big Sister.**
- The child is in the **BBBS SCHOOL BASED Program** listed below:

Franklin County

- _____ Africentric
- _____ AIMS
- _____ Beery MS
- _____ Buckeye MS
- _____ Champion MS
- _____ Cherrington ES
- _____ Clearbrook MS
- _____ Clinton ES
- _____ Clinton MS
- _____ Cols. Spanish Immers. Acad
- _____ Como ES
- _____ Dominion MS
- _____ Eastmoor MS
- _____ Ecole Kenwood MS
- _____ Georgian Hts. E
- _____ Highland ES
- _____ Hilltonia MS
- _____ Hubbard ES
- _____ Indianola MS
- _____ Johnson Park MS

- _____ Kae Ave. ES
- _____ Medina MS
- _____ Medina MS
- _____ Mifflin MS
- _____ Mifflin Welcome Center
- _____ Monroe MS
- _____ Norton MS
- _____ Prairie Norton ES
- _____ South Mifflin ES
- _____ Southmoor MS
- _____ Starling MS
- _____ Stevenson ES
- _____ Wedgewood MS
- _____ Weinland Park ES
- _____ West Franklin ES
- _____ Westmoor MS
- _____ Wickliffe ES
- _____ Windemere ES
- _____ Windsor Acad. ES
- _____ Woodward Park MS
- _____ Yorktown MS

Delaware County

- _____ Big Walnut MS
- _____ Buckeye Valley MS
- _____ Conger ES
- _____ Dempsey MS
- _____ Hyatts MS
- _____ Liberty MS
- _____ Orange MS
- _____ Shanahan MS
- _____ Woodward ES

Union County

- _____ Fairbanks ES
- _____ Marysville ES
- _____ North Union ES

Number of people in the household? _____		
Annual	Monthly	Weekly
<input type="checkbox"/> 0 - \$25,900	<input type="checkbox"/> 0 - \$2,159	<input type="checkbox"/> 0 - \$499
<input type="checkbox"/> \$25,901 - \$32,560	<input type="checkbox"/> \$2,160 - \$2,714	<input type="checkbox"/> \$500 - \$627
<input type="checkbox"/> \$32,561 - \$39,220	<input type="checkbox"/> \$2,715 - \$3,269	<input type="checkbox"/> \$628 - \$755
<input type="checkbox"/> \$39,221 - \$45,880	<input type="checkbox"/> \$3,270 - \$3,824	<input type="checkbox"/> \$756 - \$883
<input type="checkbox"/> \$45,881 - \$52,540	<input type="checkbox"/> \$3,825 - \$4,379	<input type="checkbox"/> \$884 - \$1,011
<input type="checkbox"/> \$52,541 - \$59,200	<input type="checkbox"/> \$4,380 - \$4,934	<input type="checkbox"/> \$1,012 - \$1,139
<input type="checkbox"/> \$59,201 - \$65,860	<input type="checkbox"/> \$4,935 - \$5,489	<input type="checkbox"/> \$1,140 - \$1,267

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

Did your child attend Camp Oty'Okwa in 2008 and the camp fees were paid with the TANF grant? Yes No

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 1, 2009.

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: _____

Phone number you can easily be reached: _____

Your BBBS of Central Ohio Caseworker is: _____

- The child is on the **BBBS of Central Ohio's Waiting List.**
 Enrolled when? _____
- The child is **interested in Camp ONLY**
- The child **has attended Camp Oty'Okwa Summer Camp.**
 This will be the child's _____ year at Camp Oty'Okwa.

OFFICE USE ONLY

Approved SESSION FEE: _____

Approved BUS FEE: _____

Approved by: _____

BBBS is REQUIRED to have a Summer Food Service Form signed by the parent/guardian for EVERY CHILD attending camp.
 If this information is not applicable, list the child's name and indicate N/A (Not Applicable) with the parent/guardian signature.
This will not affect the cost of camp for your child or the food he/she will receive.

Ohio Summer Food Service Program – 2009 Income Eligibility Application

ATTACHMENT A-2

INSTRUCTIONS: *Part 1* of this form is to be used only for children receiving OWF, 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 OWF 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 (OWF)

_____ YES, I received Food Stamp or OWF benefits for the child(ren) listed above this month and request meal benefits.

My Food Stamp or OWF 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 OWF 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 OWF

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.

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

FOSTER CHILD: Complete a separate application for each foster child. In certain cases, meals served to foster children may be reimbursed regardless of the foster family's income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child's name and monthly personal use income or enter "0" if the child has no personal use income. An adult signature is needed. Personal Use Income \$ _____

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 * SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER
 Write "None" if adult signer does not have a SSN

_____ HOME ADDRESS ZIP CODE DAYTIME PHONE DATE

Total Household Monthly Income FOR SPONSOR USE ONLY Signature of Authorized Official Date

\$ _____ ELIGIBILITY DETERMINATION APPROVED DENIED

BBBS, Big Brothers Big Sisters, is REQUIRED to have a Summer Food Service Form signed by the parent/guardian for EVERY CHILD attending camp.

If this information is not applicable, list the child's name and indicate N/A (Not Applicable) with the parent/guardian signature.
This information will not affect the cost of camp for your child or the food he/she will receive.

OHIO SUMMER FOOD SERVICE Program For Children Income Eligibility Application For Camps and Enrolled Sites

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for the SFSP, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

NON-DISCRIMINATION: This facility is operated in accordance with USDA policy which prohibits discrimination because of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

2009 SFSP Family Size/Income Guidelines

Guidelines to be effective from July 1, 2008 through June 30, 2009

Households with incomes less than or equal to the reduced price values are eligible for free meal benefits.

<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	2,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
Each additional household member add:	6,660	555	278	257	129

Household income includes:

- **Earnings from Employment:** wages/salaries/tips; strike benefits; unemployment compensation; workers compensation; net income from self-owned business or farm.
- **Welfare/Child Support/Alimony:** public assistance payments; welfare payments; alimony/child support payments; pensions; supplemental security income; retirement income; Veteran's payments; Social Security.
- **Pensions/Retirement/Social Security:** disability benefits; cash withdrawn from savings; interest/dividends; income from estates/trusts/investments; regular contributions from persons not living in the household; net royalties/annuities/net rental income.

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's food stamp or OWF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

State Distribution: Week of 6/10/08
FORM REV 1/09 With update 1/29/09

FOSTER CHILDREN:

For sponsors enrolling children who are living in foster homes, additional information will need to be obtained from the family. In those cases where the human service agency has placed a child in a permanent home and /or subsidizes the adoption of the child, the child is considered as a member of the family household with whom he or she resides. If this describes the foster child, TOTAL family size, including the child, and TOTAL gross family income, including subsidy from the human service agency should be used.

In those cases where the human service agency is legally responsible for the child, and the foster home is, in fact, an extension of the agency, the foster child is considered as a household of one. For purposes of determining eligibility, the following guidelines are to be used:

1. The foster child is considered a household of one; and the foster parents' household size or income is not used to determine eligibility.
2. Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
3. Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings should not be considered as income.
4. The application must be signed by an adult member of the foster home; however, a social security number is not needed for the foster child's application.