



# Life Skills Camp Registration

Please return this form to:  
lifeskills@bbbscentralohio.org  
(614) 625-8244



Camp Otj'Okwa  
24799 Purcell Rd.  
South Bloomingville, OH 43152

## Camper's Information:

Date: \_\_\_\_\_

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Current County of Residence: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_ Guardian County: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Who has custody of camper: \_\_\_\_\_

### If the parent/guardian cannot be reached; persons to be notified in case of emergency:

| Name | Relationship to Camper | Preferred Phone | Secondary Phone |
|------|------------------------|-----------------|-----------------|
| 1.   |                        |                 |                 |
| 2.   |                        |                 |                 |

### 2019 Summer Camp Dates

| Rank Top Choices: 1, 2, 3 | Days of Camp    | First Day (Drop-Off) | Last Day (Pick-Up)   | Registration/Material Cost Per Camper |
|---------------------------|-----------------|----------------------|----------------------|---------------------------------------|
|                           | 6               | Sunday, June 9       | Friday, June 14      | \$200                                 |
|                           | 6<br>GIRLS ONLY | Sunday, June 16      | Friday, June 21      | \$200                                 |
|                           | 6               | Sunday, June 23      | Friday, June 28      | \$200                                 |
|                           | 3               | Sunday, June 30      | Tuesday, July 2      | \$100                                 |
|                           | 4               | Monday, July 8       | Thursday, July 11    | \$135                                 |
|                           | 6               | Sunday, July 28      | Friday, August 2     | \$200                                 |
|                           | 6               | Sunday, Aug 4        | Friday, August 9     | \$200                                 |
|                           | 4               | Sunday, August 11    | Wednesday, August 14 | \$135                                 |

**Transportation Needs\*:** mark what you/your agency are able to provide (mark all that apply)

- Camper can be dropped off at camp on first day
- Camper can be picked up at camp on last day
- Camper can be dropped off at BBBS in Columbus on first day
- Camper can be picked up at BBBS in Columbus on last day
- I/Agency can not do any transportation

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Camp Otj'Okwa may or may not be able to assist with transportation

### Please indicate the organization/agency referring the camper and the Caseworker/Counselor/Worker (if any):

Children's Services or County JFS: \_\_\_\_\_

Other Agency or School: \_\_\_\_\_

Caseworker/Counselor/Worker Name and Email: \_\_\_\_\_

I am referring a group to come together: # in group \_\_\_\_\_  I am referring an individual to come without a group

# CAMPER HISTORY

In an effort to ensure your camper's needs are being met, please provide us with the following information. All information will be kept confidential and will only be shared with Camp Staff directly working with the camper.

Youth's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age \_\_\_\_\_

What would you like the youth to accomplish while at camp? \_\_\_\_\_

\_\_\_\_\_

What life skills education areas does youth need to focus on (mark all that apply):

- Academic Skills & Education Options     Career & Employment Preparation     Maintaining a Home
- Budgeting & Financial Management     Health Education & Risk Prevention     Communication & Problem-solving
- Healthy Cooking & Active Lifestyles     Finding Support & Healthy Relationships     Goal-setting & Team-building

Camper's talents, strengths, and abilities: \_\_\_\_\_

Has this youth attended Camp Oty'Okwa or any other camp before? When and where? \_\_\_\_\_

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

Does the youth need any special accommodations? Yes  No

If YES please explain: \_\_\_\_\_

Has the youth or family been involved with children's services and/or foster care? Yes  No

If YES please explain: \_\_\_\_\_

Has the youth or family been exposed to trauma of any kind? Yes  No

If YES please explain: \_\_\_\_\_

Is the youth on probation/parole? Yes  No       Has the youth had any JSO/SO charges? Yes  No

Has the youth been adjudicated or convicted of any crimes or do they have any no-contact orders? Yes  No

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

Anything else that we should know about the youth (behavior management, recent experience, etc.): \_\_\_\_\_

\_\_\_\_\_

## Child's Educational Background:

Child's School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  Not in School

- Regular classes     Regular classes with tutoring     Self-contained Special Class     Online/Home School

Please indicate which of the following information pertains to this camper: (check all areas that apply)

### Youth's Characteristics:

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Immature         | <input type="checkbox"/> Sensitive      | <input type="checkbox"/> Mature       | <input type="checkbox"/> Needs encouragement      |
| <input type="checkbox"/> Teases           | <input type="checkbox"/> Moody          | <input type="checkbox"/> Confident    | <input type="checkbox"/> Works well with others   |
| <input type="checkbox"/> Temper/Outbursts | <input type="checkbox"/> Helpless       | <input type="checkbox"/> Leader       | <input type="checkbox"/> Likes to be alone        |
| <input type="checkbox"/> Complains        | <input type="checkbox"/> Shy/Withdrawn  | <input type="checkbox"/> Outgoing     | <input type="checkbox"/> Resistant to authority   |
| <input type="checkbox"/> Disruptive       | <input type="checkbox"/> Inattentive    | <input type="checkbox"/> Self-reliant | <input type="checkbox"/> Needs a lot of attention |
| <input type="checkbox"/> Insensitive      | <input type="checkbox"/> Non-Conforming | <input type="checkbox"/> Friendly     | <input type="checkbox"/> Feels inadequate         |

### Concerns and Accommodations that camper may need addressed:

Vision     Hearing     Mobility     Homesickness     Medication     Religious Restrictions  
 Allergies     Bedwetting     Other: \_\_\_\_\_

# CAMP OTY'OKWA LIABILITY RELEASE AND CONSENT

I, \_\_\_\_\_, **(parent/legal guardian's name)** am the parent and/or legal guardian of \_\_\_\_\_, **(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 Life Skills 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 child/ward. Therefore, in exchange for the opportunity of my child/ward to attend and participate in Camp Oty'Okwa, I hereby 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 and photographs taken of my child/ward or their designee to promote/advertise Camp Oty'Okwa and Big Brothers Big Sisters of Central Ohio in paper publications, signage, television, websites, blogs, and social media sites.

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

We use the following information for applying to grants that help fund our camp programs so we can continue to offer low cost camp programs. All information will be kept confidential. You are not required to answer the following questions.

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

| Annual             | Monthly           | Weekly          |
|--------------------|-------------------|-----------------|
| Less than \$1,299  | Less than \$108   | Less than \$25  |
| Less than \$2,598  | Less than \$216   | Less than \$50  |
| Less than \$5,196  | Less than \$433   | Less than \$100 |
| Less than \$10,392 | Less than \$866   | Less than \$200 |
| Less than \$15,588 | Less than \$1,299 | Less than \$300 |
| Less than \$20,784 | Less than \$1,732 | Less than \$400 |
| Less than \$25,980 | Less than \$2,165 | Less than \$500 |
| Less than \$31,176 | Less than \$2,598 | Less than \$600 |
| Less than \$36,372 | Less than \$3,031 | Less than \$700 |

**Does your child receive reduced or free lunches at school?**

\_\_\_ Yes \_\_\_ No

**Racial/Ethnic History:** If you choose, please indicate (v) one or more of the following identities:

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

**Monthly household Income** \_\_\_\_\_ **or Annual Income** \_\_\_\_\_ **# people in your household** \_\_\_\_\_

**EITHER Part 1 OR Part 2 MUST be completed, signed & dated:**

**Ohio Summer Food Service Program 2019 Income Eligibility Application**

INSTRUCTIONS: Part 1 of this form is to be used only for children receiving Ohio Works First (OWF) or for children living in a household receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Complete Part 2 only for children not receiving OWF or SNAP benefits. Please complete the applicable section of the form. An adult signature is required to submit both sections. If you need more space, please attach a separate sheet.

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

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

**PART 1 - FOR CHILDREN RECEIVING SNAP OR OHIO WORKS FIRST (OWF)**

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

My SNAP or OWF number is:

\_\_\_\_\_ \* SNAP BENEFIT NUMBER (10-12 digit number) OR **We need your Case # NOT your card #**  
 \_\_\_\_\_ \* OHIO WORKS FIRST NUMBER OR  
 \_\_\_\_\_ \* FDPIR Identification Number (Food Distribution Program on Indian Reservations)

**PENALTIES FOR MISREPRESENTATION:** I certify that all the above information is true and correct and that the SNAP 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 this 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 SNAP OR OWF BENEFITS**

**HOUSEHOLD MEMBERS AND MONTHLY INCOME:** List the names of all individuals 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, social security, etc. To determine 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<br>(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 required. 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 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

Total Household Monthly Income \$ \_\_\_\_\_ ELIGIBILITY DETERMINATION FOR SPONSOR USE ONLY APPROVED DENIED Signature of Authorized Official Date