



# Summer Camp Registration 2021

Please return **THIS** form to:  
[summercamp@bbbscentralohio.org](mailto:summercamp@bbbscentralohio.org)



Camp Oty'Okwa  
24799 Purcell Road  
South Bloomingville, Ohio 43152  
(740) 385-5279

## Child's Information:

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

Age when at camp: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade, Fall 2021 \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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

Name	Relationship to Child	Preferred Phone	Secondary Phone
1.			
2.			

Cost to send your camper to Oty'Okwa is listed below. If your camper is a victim of crime or has experienced trauma, cost will be waived to attend camp. Has your camper experienced trauma? YES  NO  Scholarship applications are available to help cover the cost of camp for those families in need. If requesting a scholarship, how much are you requesting? \_\_\_\_\_

### 2021 Camp Dates

Please Mark Your Top Three Choices: 1, 2, 3	Camps	Session Dates	First Day Check – In At Oty' Okwa	First Day Check – in At BBBS	Last Day Pick-Up At Oty 'Okwa	Last Day Pick- Up At BBBS	Cost of Camp
	<b>Session 1</b> ADVENTURE CAMP AGES 6-14	Sunday, June 13 to Friday, June 18	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 2</b> ADVENTURE CAMP: <b>GIRLS ONLY</b> AGES 6-14	Sunday, June 20 to Friday, June 25	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 6</b> ADVENTURE CAMP <b>BOYS ONLY</b> AGES 6-14	Sunday, July 25 to Friday, July 30	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 7</b> ADVENTURE CAMP AGES 6-14	Sunday, Aug 1 to Friday, Aug 6	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 8</b> ADVENTURE CAMP AGES 6-14	Sunday, Aug 8 to Friday, Aug 13	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450

### Bus Transportation Options: (Please V only one)

**TO & FROM** Camp  **TO** Camp *ONLY*  **FROM** Camp *ONLY*  Do **NOT** need transportation

**Referring Agency:** Please indicate the organization referring your camper and the Caseworker/Counselor (if any):

EASTWAY  VILLAGE NETWORK  SOJOURNER'S  A BBBS Agency: \_\_\_\_\_

Other Agency OR School: \_\_\_\_\_

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

# 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 only be shared with Camp Staff.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

## Child's Camp Experience:

This 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: \_\_\_\_\_

Does the child 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: \_\_\_\_\_

## Please comment on the following regarding the child:

What would you like the child to accomplish while at camp?

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

Does the child regularly use inappropriate language? Yes  No

Areas of positive self-esteem: \_\_\_\_\_

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

Anything else that we should know about the child (behavior management, fear management, recent experience, etc.):

## Child's Educational Background:

Child's School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Regular classes       Regular classes with tutoring       Self-contained Special Class

Would your child be interested in attending Science Camp? Yes  No

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

### 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"/> Calm	<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"/> Obedient	<input type="checkbox"/> Temper	<input type="checkbox"/> Needs encouragement
<input type="checkbox"/> Physically Small for age	<input type="checkbox"/> Physically big for age	<input type="checkbox"/> Outbursts	<input type="checkbox"/> Leader

### Concerns and assistance that camper may need:

Vision     Mobility     Brushing teeth     Toileting     Dressing     Homesickness  
 Hearing     Medication     Religious Restrictions     Bedwetting     Allergies     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 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 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 summer camp program so we can continue to offer low cost summer programs. All information will be kept confidential. You are not required to answer the following questions.

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

<b>REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines</b>					
<b>Effective from July 1, 2020 to June 30, 2021</b>					
<b>Households with incomes less than or equal to the reduced-price values are eligible for free or reduced-price meal benefits.</b>					
<b>HOUSEHOLD SIZE</b>	<b>ANNUAL</b>	<b>MONTH</b>	<b>TWICE PER MONTH</b>	<b>EVERY TWO WEEKS</b>	<b>WEEKLY</b>
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each add'l family member, add	8,288	691	346	319	160

**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 2021 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, food assistance) 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).

Name:	Age:	Name:	Age:
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

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

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

My SNAP or OWF number is:

- \_\_\_\_\_ \* OHIO BENEFITS (SNAP) BENEFIT NUMBER (7-digit number) OR **(THIS IS NOT YOUR CARD NUMBER)**  
 \_\_\_\_\_ \* OHIOWORKS 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  (LAST NAME, FIRST NAME)	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALLOther 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.

\_\_\_\_\_**LAST 4 DIGITS OF SOCIAL SECURITY #**

\_\_\_\_\_**\* 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**