



# CHOOSE YOUR OWN ADVENTURE

## YMCA CAMP WAKONDA PARENT HANDBOOK

22237 Lawrence 2080  
Ash Grove, MO 65604  
417-709-1995  
[campwakonda.org](http://campwakonda.org)

Dear Parent(s),

Thank you for the opportunity to be a part of your child's life this summer. For over 100 years Camp Wakonda has been providing positive camping experiences for campers from Missouri and around the world. The counselors have been chosen for their maturity and dedication. Each is focused on ensuring your child has a safe, fun week, filled with activities that help them learn new skills, develop relationships with the other campers and grow in confidence and self-esteem.

This handbook contains information that will help ensure your camper's success. After reading this material, if you still have questions, please contact me directly at 417-709-1995.

In the Spirit of Camp,

Myra Cassady,  
Camp Director  
YMCA Camp Wakonda

## EMERGENCY CONTACTS FOR CAMP

Myra Cassady  
Camp Director  
cell: 419-709-1995  
mcassady@orymca.org

YMCA Camp Wakonda  
22237 Lawrence 2080  
Ash Grove, MO 65604

Please follow our Facebook page for updates regarding inclement weather and other emergencies.  
[www.facebook.com/campwakondaymca](http://www.facebook.com/campwakondaymca)

## DIRECTIONS TO CAMP

Camp Wakonda is just 30 minutes west of Springfield.

From Springfield: Take I-44 west to exit 58. Go south over I-44 and turn right on Highway O heading South for 2.5 miles to Lawrence 2080. Turn right. Camp is 1.25 miles from the intersection on the left side of Lawrence 2080.

From Joplin: Take I-44 east to exit 58. Turn right on Highway O heading South for 2.5 miles to Lawrence 2080. Turn right. Camp is 1.25 miles from the intersection on the left side of Lawrence 2080.

## ADDITIONAL FORMS

The following forms are attached but are available online at [www.campwakonda.org](http://www.campwakonda.org)

- Camper Health History Form: Must indicate immunization history and parent signature.
- Camper Code of Conduct
- Letter to My Counselor
- Summer Food Program Application

## FEES, CHANGES & REFUNDS

### Camp Fees:

Your \$50.00 non-refundable deposit is required at the time of registration and will be applied to your child's camp session. All sessions are to be paid in full 2 weeks before attending camp. Payments may be made online at [www.campwakonda.org](http://www.campwakonda.org) or in person at any Ozarks Regional YMCA location. Final session balance reminders will be emailed out 3-4 weeks before your child's session of camp to the email address on file.

### Session Changes:

To change your session, please email [campwakonda@orymca.org](mailto:campwakonda@orymca.org) at least 2 weeks before your scheduled session. Please note that spaces are limited, and we cannot guarantee an open spot on a different week.

### Refunds:

If, for some reason, your child is not able to attend or move to another session after they have registered, you may request a refund of all fees paid minus the \$50.00 deposit as long as the request has been made in writing at least 2 weeks before you camp session. All requests made after the 2-week mark are nonrefundable unless there is a special circumstance that is approved by the Camp Director.

# FINANCIAL ASSISTANCE

Financial assistance is available for Sessions 3-8 for those who qualify. Unfortunately, due to the already reduced rate, financial assistance is not available for Early Bird Sessions. To apply, please email the following to [campwakonda@orymca.org](mailto:campwakonda@orymca.org). Please allow up to 2 weeks to process, keeping in mind payment due dates.

- Child(ren)'s Name
- Camp Session
- Number of adults in the household
- Number of Children in the household
- Most Recent Tax returns for all adults in the household
- 2-month benefit statements for all adults in the household for all other types of income, including but not limited to
  1. Child support
  2. Food stamps
  3. Disability
  4. Social Security
  5. Retirement
  6. TANF
  7. Pension

If approved, you can receive a discount off the Tier A rate of camp. Please note that each child can only receive Financial assistance on one week of camp.

# TRANSPORTATION

All campers need to provide their own transportation to and from camp.

# CHECK-IN & CHECK-OUT

## Check-In:

Parents/guardians are required to bring their children to camp to meet the staff and help the camper settle into the cabin. Check-in time will be very busy. We ask that you have all balances paid and health forms turned in 2 weeks prior to your campers session. These forms can be filled out online at [www.campwakonda.org](http://www.campwakonda.org). Please check-in at the Recreation Hall located in the center of camp.

Plan to arrive between 2:00 pm and 4:00 pm on Sunday.

Unfortunately, due to our tight schedule you will not be able to check in prior to 2:00 pm.

\*\* Please park on the grass in front of the Trading Post

\*\* You will be directed to drive to your camper's cabin once you have checked in at the Recreation Hall.

\*\* Please do not bring pets to camp at check-in or check-out.

## Check-Out: **\*\*New Check Out Process Summer 2023\*\***

To give campers and parents the most out of their camp experience, Camp Wakonda is starting a new tradition on check out day known as the "Closing Ceremony". This ceremony will bring parents, guardians, campers, and staff together to reflect on their week and watch our end of session slideshow.

Parents and Guardians please join us in the rec hall between 1:30-1:45PM for Tea, Lemonade, and a message from our Camp Director. Campers will enter the Rec Hall at 2:00PM for a combined closing ceremony where campers will be acknowledged for their accomplishments and dedication to camp.

**Please have a photo ID with you in order to pick up your camper.**

## CAMPER CHANGES & TWO WEEK REMINDER

If your camper needs an address, phone number, or email change, please notify us at [campwakonda@orymca.org](mailto:campwakonda@orymca.org). Please include your camper's name along with the old and new information. If you change an email address, it will change your log in information to be able to pay online. Any changes to your camper's health form or medication changes may be made with the Camp Nurse at Check-In.

### Two Week Reminder

As a reminder, all camp forms, final camp payment, notification of special diet, and any changes are due two weeks before your camp sessions. Forms may be emailed to [campwakonda@orymca.org](mailto:campwakonda@orymca.org). Forms may also be filled out online at [www.campwakonda.org](http://www.campwakonda.org) under the forms tab. Please select the orange "Required Forms" button.

## GROUP ASSIGNMENT-CAMPER PLACEMENT

We generally try to have an age range of no more than 24 months between youngest and oldest in each cabin group. We ask each camper to make one cabin mate request. We can't guarantee cabin mate requests but will make every effort to honor them if campers request each other and are within 24 months of each other. (In some cases the older camper may move down to a younger cabin)

## MEDICATIONS

All medications must be brought to camp in the original prescription container with appropriate prescription on the label, prescribed for your child. All medications, including over the counter vitamins, creams, lotions, etc., must be turned in to the nurse at check-in for dispensation through the infirmary. Camp stocks most over-the-counter medications needed at camp (Tylenol, Benadryl, etc.), so its unnecessary to send these items. Please try to send only medications your child is scheduled to receive during the week. You may call us at any time to inquire if we stock a particular item. Please be sure the camper's name is on all items turned in. Please do not pack medication in camper's luggage.

## INSURANCE

Camp does not carry accident or sickness insurance for summer campers. Parents/gaurdians must include their personal health insurance information in the space provided on the medical information form. This information will be used to facilitate outside medical treatment if required.

In the event of serious illness or accident, parents will be notified immediately. If we are unable to reach you, the authorization signed by you on your medical form allows us to acquire immediate medical treatment for your child. Parents/guardians are responsible for prescriptions and charges incurred for outside medical treatment and transportation of their child while attending camp. Routine cuts, scrapes and minor illnesses will be treated by camp nurse or staff.

## SWIMMING

All campers will take a swim check on Monday to demonstrate their level of ability. This helps establish the safest areas in which the camper will be allowed to swim. All campers will have the option of taking swimming lessons each day. Campers who are not competent swimmers will be required to take daily swim lessons until they achieve a satisfacotry swimming ability and can move up to the next swim level.

## SPECIAL DIET

Our camp dining hall can serve limited special diets if your camper has dietary needs. Please inform the camp office of any special needs at least 2 weeks prior to arrival.

## TRADING POST & SNACKS

**\*\* In 2023 we will be accepting CARD ONLY \*\***

Our trading post (camp store) offers many camp souvenirs and “extras”. Trading post items include t-shirts, logo souvenirs, disposable cameras, flashlights, water bottles, etc. Camper purchases during their stay will be made through the account parents will place money into during check-in. Purchases can be made at check-in on Sunday and check-out on Friday.

Snacks will be available at our trading post throughout the week. Most items range between \$1.00 and \$2.00. Snacks are limited to 2 items/day. Other souvenirs, t-shirts, key chains, flashlights, sweatshirts range in price from \$1 to \$35.

## PHONE CALLS, VISITORS & MAIL

### Telephone Calls:

At Camp Wakonda, we believe resident camp is a way for campers to begin to develop independence. With this in mind, we do not permit phone calls to campers unless there is a family emergency. Also, please do not ask your child to call home or allow your child to bring a cell phone to camp. There are no public phones available for the campers to call home. Parents will be contacted in the event of an emergency or illness. Camp Wakonda posts photos daily on our Facebook page for parents to keep up with their camper’s activities.

### Visitors at Camp:

We have found that parental visits during the camp session tend to promote campers’ feeling of uneasiness and homesickness. For that reason, we discourage parents and friends from visiting during the session. For the safety of your campers, all parents/visitors must check-in at the camp office immediately upon arrival. Our gates will remain closed to ensure that all visitors and vendors on camp property can be monitored for any signs of illness.

### Mail and E-Mail to Campers:

Please allow for five business days for mail to reach camp. Campers LOVE to receive mail! Please write to your child at least once before their camp session begins. This will ensure the camper will receive at least one letter from home while at camp. We deliver mail each day. Make sure your letters are cheerful and enthusiastic, while focusing on camp events and involvement--not what is happening back home. This will help prevent homesickness. Parents can drop off mail during check in to ensure your camper receives a letter(s) right away. **We do not deliver mail on Fridays.**

### Mail letters to:

Camper’s Full Name

Camper’s Cabin Name (this will be provided @ check-in) YMCA Camp Wakonda

22237 Lawrence 2080

Ash Grove, MO 65604

You may also send email to your camper. Emails will be printed daily. Please send emails to [camper@orymca.org](mailto:camper@orymca.org). Be sure to place campers full name and cabin in the subject line.



## CABIN CULTURE

Everything we do at Camp is put through the lens of our core values: Caring, Honesty, Respect, and Responsibility.

If a situation arises where we might need to work through adversity, we will be in contact with you to seek your parental expertise and advice. Our top priority is the safety of your campers and this means both emotional and physical safety.

If a misunderstanding arises we are committed to ensuring it is a teachable moment where campers can understand their impact and resolve conflicts. If in the limited time we have available we cannot resolve a conflict and it became no longer safe for a camper to be at camp we will ask for that camper to go home.

## WELCOME AND INCLUSION

**“At the Y, we welcome everyone whose behavior adheres to our core values of caring, honesty, respect, and responsibility. We advance our cause by building a stronger and more equitable community where everyone has the opportunity to learn, grow, thrive and reach their full potential with dignity. The Y is a force for building bridges among all people—regardless of ability, age, birthplace, cultural background, ethnicity, faith, gender, gender identity, ideology, income, race, or sexual orientation. The Y is for all.”**

Camp should be enjoyable and encouraging, where campers share space with a group of other campers and staff both in the cabin and at their program. We pride ourselves on welcoming individuals and families from diverse communities, genders, gender identities, faiths, and socio demographics where they may learn, grow, and thrive together. Your child may share a cabin with someone who represents one of these communities. We recommend taking a moment with your camper to celebrate how great an opportunity this is to make a lasting friendship with someone they might not interact with outside of camp.

## HELP YOUR CAMPER SUCCEED

Whether this is your camper’s first time staying away from home or they are a veteran Wakonda camper, we want to do all we can to help make it an incredible experience. Guardians can help by taking time in advance to communicate any special concerns or needs. The Camp Director can be reached via email: at [mcassady@orymca.org](mailto:mcassady@orymca.org) or by phone at 417-709-1995.

## MISSING HOME

Adjusting to any new environment is difficult for any person no matter what age you are. We understand that no matter how great camp is there will be some campers that need extra attention or resources in order to adjust. From the moment campers arrive our staff will keep your camper occupied and engaged.

We have found that downtime, especially on the first day, can quickly lead to campers longing for the certainty of home. If a camper starts showing signs of homesickness or any particular need, we will contact you and seek your guidance and expertise. Here are some ideas we have for you to prepare your camper ahead of time to be successful. Think of what makes them happy and let your camper's counselor know. Set a goal with your camper ahead of time. We recommend completing the whole session, if a camper's goal is ½ the week they tend to do great up until ½ the week. Ask them what they would need to complete this goal. Write them an email or a letter, but make sure to not go into too much detail about the cool stuff they may be missing. Try to not to schedule their session during any big events at home. If they ask what is going to happen at home while they are gone, explain that you will be doing something that they might not enjoy (example: chores, waking up early, mowing the lawn. Etc.)

And finally of course, celebrate them if they achieve their goal! Camp should be fun. We never want camp to feel like it is a punishment. A lot of campers might not be ready for the full session. If that is the case, we want to catch it before we roughen camp for them and celebrate the progress they made.

## A TYPICAL DAY AT CAMP

7:00 AM	Wake Up
7:45 AM	Flagpole/Breakfast
9:00 AM	Morning Inspiration at Chapel Rock
9:15 AM	Clubs/Morning Activities Begin
12:00 PM	Free Time/Trading Post
12:30 PM	Lunch
1:15 PM	Rest Hour
2:30 PM	Swim Time
3:45 PM	Cabin Activities
5:45 PM	Free Time/Trading Post
6:15 PM	Dinner
7:15 PM	Evening Program
8:30 PM	Showers/Embers
9:30-10:00PM	Lights Out



# YMCA Camp Wakonda Health History & Release form

will attend camp from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Please fill out form completely and return to:  
**YMCA Camp Wakonda**  
**22237 Lawrence 2080**  
**Ash Grove, MO 65604**

Cabin

/

Camp Date

MI

First

Camper Name  
Last

Camper Name \_\_\_\_\_  Male  Female Birthdate \_\_\_ / \_\_\_ / \_\_\_ Age at Camp \_\_\_

Camper Home Address \_\_\_\_\_

**Parent/guardian with legal custody to be contacted in case of illness or injury:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_

Home Address: (if different) \_\_\_\_\_

**Second parent/guardian or other emergency contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_

**Additional contact in event parent(s)/guardians(s) cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_

**Allergies:**  No Known Allergies  This camper is allergic to:  Food  Medication  Environment (insect stings, hay fever, etc)  
 Other (Please describe below what the camper is allergic to and the reaction seen.)

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a vegetarian diet.  This camper has special food needs.  
(Please describe below)

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below)

**Medical Insurance Information:** This camper is covered by family/hospital insurance  Yes  No  
(Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine test, and treatment related to the health of my child for both routine health care and in emergency situation. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to camper \_\_\_\_\_

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.



Are the campers immunizations up to date?  Yes  No  
 If your camper has not been fully immunized, please sign the following statement:  
 I understand and accept the risk to my child from not being fully immunized.

Camper Name \_\_\_\_\_  
 will attend camp from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**General Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- |  |  |
|--|--|
| Ever been hospitalized? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                       | Had fainting or dizziness? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| Ever had surgery? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Passed out/had chest pain during exercise? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Have recurrent/chronic illnesses? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No             | Had mononucleosis during the last 12 months? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Had a recent infectious disease? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No              | If female, have problems with menstruation? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Had a recent injury? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Have problems with falling asleep/sleepwalking? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had asthma/wheezing/shortness of breath? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No      | Ever had back/joint problems? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| Have diabetes? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Have a history of bedwetting? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| Had seizures? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | Have problems with diarrhea/constipation? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| Had headaches? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Have any skin problems? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Wear glasses, contacts or protective eyewear? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | Traveled outside the country in past 9 months? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Please explain "Yes" answers in the space below, noting the number of the question. For travel, please name countries visited and dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mental, Emotional, and Social Health:** Check "Yes" or "No" for each statement.

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? \_\_\_\_\_  Yes  No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? \_\_\_\_\_  Yes  No
- During the last 12 months, seen a professional to address mental/emotional health concerns? \_\_\_\_\_  Yes  No
- Had a significant life event that continues to affect the campers life? \_\_\_\_\_  Yes  No  
 (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the question. The camp may contact you for additional details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication:  This camper will not take any daily medications while attending camp

This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please provide enough medication to last the entire week. All medication must be in original packaging/bottle that identifies the prescribing physician (if a prescription drug), name of medication, dosage, and frequency of administration.

Name of Medication	Reason for taking	When is given	Dosage given	How it is given
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Check those the camper should **NOT** be given.

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)                                       | <input type="checkbox"/> Ibuprofen (Advil, Motrin)                         |
| <input type="checkbox"/> Phenylephrine decongestant (Sudafed PE)                       | <input type="checkbox"/> Pseudoephedrine decongestant (Sudafed)            |
| <input type="checkbox"/> Antihistamine/allergy medicine                                | <input type="checkbox"/> Guaifenesin cough syrup (Robitussin)              |
| <input type="checkbox"/> Diphenhydramine antihistamine / allergy medication (Benadryl) | <input type="checkbox"/> Dextromethorphan cough syrup (Robitussin DM)      |
| <input type="checkbox"/> Sore throat spray   | <input type="checkbox"/> Generic cough drops                               |
| <input type="checkbox"/> Lice shampoo or cream (Nix or Elimate)                        | <input type="checkbox"/> Antibiotic cream                                  |
| <input type="checkbox"/> Calamine lotion   | <input type="checkbox"/> Aloe  |
| <input type="checkbox"/> Laxatives for constipation (Ex-Lax)                           | <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Pepto-Bismol) |



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## CAMPER CONDUCT POLICY AGREEMENT

Are you ready to have fun this summer? We are! In order for you to have a fun, exciting and safe summer, everyone needs to follow the same guidelines. Below is a list of the basic rules to follow while you're at camp. Keep in mind that more specific rules will be talked about when you get here (mealtimes, bedtime, activities, etc.). Please read over all of these guidelines and make sure that you understand them. You will be expected to follow these guidelines upon arrival at YMCA Camp Wakonda. This form **MUST** be completed to participate at Camp Wakonda.

### CAMP BEHAVIOR POLICY:

Step 1: Inappropriate behavior is discussed with the camper by their counselor and/or program director, helping the camper to understand the rules and take responsibility for changing the behavior. The 4 core values of the YMCA and appropriate behavior as well as consequences are discussed.

Step 2: A call home is made by senior staff to discuss the behavior and gain insight. The camper will meet with the program director/camp director to discuss their actions, the negative impact these actions have, appropriate behavior and consequences should inappropriate behavior continue. Camper will call home.

Step 3: The camp director will inform parents that their camper cannot remain at camp. A parent or guardian will be asked to pick up the camper from Camp Wakonda as soon as possible. Parent or guardian is responsible for pick up/transportation of camper.

There are a few situations that will automatically result in a child being sent home. Those situations include, but are not limited to; causing physical injury to another camper, intentionally damaging another campers belongings or camp property, and violating other items on this Camper Conduct Policy.

### Camper agreement

By signing this form, I agree to follow the above guidelines. I understand that more specific rules will be explained to me when I arrive at Camp Wakonda. I also realize that failing to follow these guidelines will result in disciplinary action by the staff of Camp Wakonda, and may include removal from the Summer Camp Program.

Camper name (print): \_\_\_\_\_ Camper signature: \_\_\_\_\_

### Parent agreement

I understand that should my child require transportation from camp due to illness, behavior problems or other reasons, I will be required to provide transportation in a timely manner as designated by camp administration.

Parent signature: \_\_\_\_\_



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## LETTER TO MY COUNSELORS

Hi! I will be in your cabin this summer at Camp Wakonda. I'd like to tell you what I am looking forward to doing at camp!

Name: \_\_\_\_\_ Nickname or preferred name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (please circle one): Male Female

How many years I have attended camp: \_\_\_\_\_ Grade entering in August: \_\_\_\_\_

Favorite camp activity: \_\_\_\_\_

I really like to play: \_\_\_\_\_

I'm really good at: \_\_\_\_\_

I'd like to get better at: \_\_\_\_\_

One new thing I'd like to do at camp this year: \_\_\_\_\_

Some of my hobbies and interests are: \_\_\_\_\_

Bunk mate request: \_\_\_\_\_

One last thing I'd like to tell you: \_\_\_\_\_

## Parent/Guardian Section

Information in this section is gathered to help our counselors better meet the needs of your camper. All responses are voluntary and confidential

Has the camper spent the night away from home before (please circle one): Yes No

If yes, where? \_\_\_\_\_

Please check all that apply to your camper:

Sleepwalking

Asthma

Bedwetting

Food allergies

Falls asleep unexpectedly

Dietary needs

Difficulty sleeping

Seizures

Outdoor allergies

If checked, please explain: \_\_\_\_\_

What should we know to help us better understand your camper? \_\_\_\_\_

Are there any activities you do not want your camper to participate in? \_\_\_\_\_



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# CAMP WAKONDA PACKING LIST

**Please label all items. No laundry is available.**

- Underwear (6 sets)
- Socks (at least 6 pairs)
- Pajamas
- Shirts
- Jeans or other long pants
- Shorts
- Sneakers and/or hiking shoes
- Flip Flops (for pool and shower only)
- Raincoat/Poncho
- Jacket, sweater or sweatshirt
- Towels and washcloths (2 each)
- Beach towel
- Sleeping bag or sheets and blanket (twin size)
- Pillow
- Laundry bag
- Insect repellent
- Sunscreen
- Soap
- Toothbrush and toothpaste
- Comb
- Shampoo
- Deodorant
- Swimsuit (1-piece for girls, board shorts for boys)
- Flashlight with extra batteries
- Water bottle
- Hat or cap with brim
- Sunglasses
- Stationary with stamped envelopes
- Disposable camera (no cell phone cameras)
- T-shirt or pillow case to tie-dye

## What not to bring

The following items are not allowed to be brought to camp. Camp Wakonda gives the opportunity for campers to get away from the connected world we live in. Unplugged for a week, connected for a lifetime.

- Cell phone
- Television
- Knives
- Fireworks
- Alcohol
- Food from home
- Electronic games
- Firearms
- Illegal drugs
- Music players
- DVD players
- Matches/lighters
- Tobacco products
- Pets
- Money or items that are expensive or irreplaceable



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
**INCOME ELIGIBILITY FORM**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

**PART 1 CHILDREN ENROLLED IN THE PROGRAM**

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)**

Hispanic or Latino:  YES  NO

Race:	AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	BLACK OR AFRICAN AMERICAN <input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/>	WHITE <input type="checkbox"/>
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**PART 4 SIGNATURE**

I hereby certify that all information provided is correct and true and that all income is reported.. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR SPONSOR USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp) <input type="checkbox"/>	TEMPORARY ASSISTANCE <input type="checkbox"/>
		YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/>		

Eligibility Determination:  Eligible  Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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