



# CHOOSE YOUR OWN ADVENTURE

## YMCA CAMP WAKONDA PARENT HANDBOOK

22237 Lawrence 2080  
Ash Grove, MO 65604  
417-491-4206  
[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 417-491-4206.

In the Wakonda Spirit,

Dean Maczka,  
Executive Director  
YMCA Camp Wakonda

## EMERGENCY CONTACTS FOR CAMP

Dean Maczka  
Camp Director  
cell: 419-206-8837  
dmaczka@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 has been 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), in person at any Ozarks Regional YMCA location, or over the phone by calling 417-862-7456. If you would like to set your account up on autopay to be drafted on the 20th of each month, please email [campwakonda@orymca.org](mailto:campwakonda@orymca.org) to request a form. Final tuition 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 your 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. TANIF
  7. Pension

If approved, you can receive up to a 50% 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 mailed in 2 weeks prior to your campers session. 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.

**\*\*You will be directed to drive to your campers 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:

**\*Remember\* CAMPER PICK-UP IS FRIDAY BETWEEN 2:00 and 4:00 p.m.**

Go directly to your campers cabin then proceed to the Recreation Hall to Check-Out, pick up your Trading Post Refund and register for next summer. Campers will be permitted to leave only with parents or those persons designated by parents through your written permission.

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 it's 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/guardians 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 Sunday 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 satisfactory 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

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. Refunds will be made if your child does not spend all of the money in their account, and will be picked up on Saturday during check-out. Cash refunds will be returned at check-out with a record of your campers purchases. Cash purchases can be made at check-in on Sunday and check-out on Saturday. Snacks will be available at our trading post throughout the week. Most items range between \$.50 and \$1.50. 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 campers 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.

### 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. We ask that you limit emails to one per day. Emails will be printed each morning prior to 7:00 am. Emails received after that time will be delivered the following day. Please send emails to [camper@orymca.org](mailto:camper@orymca.org). Be sure to place campers full name and cabin in the subject line.

# DISCIPLINE AND CAMPER CONDUCT

Admission as a YMCA Camp Wakonda camper carries many privileges and responsibilities. We expect campers to participate in the total camp experience--to work, play and live together. We do not allow the use of tobacco, alcohol, illegal drugs, or firearms. Your application signifies understanding and acceptance of these responsibilities. In addition, should a behavior or discipline problem affect our work with other campers, or their enjoyment of YMCA Camp Wakonda, we reserve the right to dismiss, without refund, those campers responsible.

YMCA Camp Wakonda has a three offense policy concerning discipline and behavior issues at camp. Throughout the process, parent involvement is the key.

**First offense:** Camper is brought in and behavior is discussed with assistant director or camp director. Discussion focuses on why the act was wrong, the four core values are discussed as well as the camp motto. Consequences are also discussed should a second offense occur. (Depending upon the situation a call may be made to the parents.)

**Second Offense:** A call will be made to the parents by the director. Camper will meet with camp director and counselors to discuss the infraction, its negative impact and the consequences should this occur a third time. Camper will call home and explain the offense to their parents.

**Third Offense:** Parent will be called to take camper home.

**\*\***There are few situations that will automatically result in a child being expelled from camp. Those situations include, but are not limited to, causing physical injury to another camper, intentionally damaging another campers belongings, intentionally damaging camp property, and violating our Camper Conduct Policy.

**\*\*\***Any camper and/or camper's belongings may be searched by the camp administration if they have a reasonable suspicion that the camper has violated or is violating the law or camp rules and that a search would provide evidence of the violation. The search will be conducted by two staff, one of which will be the camp director or assistant director. The camper will be invited to be present when feasible. Any items found in violation of the law or camp rules will be confiscated and may be turned over to law enforcement.

No refunds are given for campers who are expelled from camp for behavioral reasons.



# 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**

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? \_\_\_\_\_ ☐ Yes ☐ No

Ever had surgery? \_\_\_\_\_ ☐ Yes ☐ No

Have recurrent/chronic illnesses? \_\_\_\_\_ ☐ Yes ☐ No

Had a recent infectious disease? \_\_\_\_\_ ☐ Yes ☐ No

Had a recent injury? \_\_\_\_\_ ☐ Yes ☐ No

Had asthma/wheezing/shortness of breath? \_\_\_\_\_ ☐ Yes ☐ No

Have diabetes? \_\_\_\_\_ ☐ Yes ☐ No

Had seizures? \_\_\_\_\_ ☐ Yes ☐ No

Had headaches? \_\_\_\_\_ ☐ Yes ☐ No

Wear glasses, contacts or protective eyewear? \_\_\_\_\_ ☐ Yes ☐ No

Had fainting or dizziness? \_\_\_\_\_ ☐ Yes ☐ No

Passed out/had chest pain during exercise? \_\_\_\_\_ ☐ Yes ☐ No

Had mononucleosis during the last 12 months? \_\_\_\_\_ ☐ Yes ☐ No

If female, have problems with menstruation? \_\_\_\_\_ ☐ Yes ☐ No

Have problems with falling asleep/sleepwalking? \_\_\_\_\_ ☐ Yes ☐ No

Ever had back/joint problems? \_\_\_\_\_ ☐ Yes ☐ No

Have a history of bedwetting? \_\_\_\_\_ ☐ Yes ☐ No

Have problems with diarrhea/constipation? \_\_\_\_\_ ☐ Yes ☐ No

Have any skin problems? \_\_\_\_\_ ☐ Yes ☐ No

Traveled outside the country in past 9 months? \_\_\_\_\_ ☐ Yes ☐ 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<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |              |                 |
|                    |                   | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |              |                 |
|                    |                   | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><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.

☐ Acetaminophen (Tylenol)  
☐ Phenylephrine decongestant (Sudafed PE)  
☐ Antihistamine/allergy medicine  
☐ Diphenhydramine antihistamine / allergy medication (Benadryl)  
☐ Sore throat spray  
☐ Lice shampoo or cream (Nix or Elimite)  
☐ Calamine lotion  
☐ Laxatives for constipation (Ex-Lax)

☐ Ibuprofen (Advil, Motrin)  
☐ Pseudoephedrine decongestant (Sudafed)  
☐ Guaifenesin cough syrup (Robitussin)  
☐ Dextromethorphan cough syrup (Robitussin DM)  
☐ Generic cough drops  
☐ Antibiotic cream  
☐ Aloe  
☐ 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 in Fall 2021: \_\_\_\_\_

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

☐ Dietary needs

☐ Asthma

☐ Difficulty sleeping

☐ Bedwetting

☐ Seizures

☐ Food allergies

☐ Outdoor allergies

☐ Falls asleep unexpectedly

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<br><input type="checkbox"/> | MONTHLY<br><input type="checkbox"/> | 2 X A MONTH<br><input type="checkbox"/> | EVERY 2 WEEKS<br><input type="checkbox"/> | WEEKLY<br><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<br><input type="checkbox"/> | ASIAN<br><input type="checkbox"/> | BLACK OR AFRICAN AMERICAN<br><input type="checkbox"/> | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER<br><input type="checkbox"/> | WHITE<br><input type="checkbox"/> |
|-------|--|-----------------------------------|---|---|-----------------------------------|
|-------|--|-----------------------------------|---|---|-----------------------------------|

**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)        | TEMPORARY ASSISTANCE     |
|                       |         | YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY  | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |                          |

Eligibility Determination: ☐ Eligible ☐ Ineligible

|                                    |      |
|------------------------------------|------|
| SIGNATURE OF CENTER REPRESENTATIVE | DATE |
|------------------------------------|------|