

CAMP WELOKI for GIRLS 2017: Session 1, June 11th - June 17th

Dear Campers & Parents,

We are all very excited that you will be with us at Camp Weloki this summer. Camp will be a wonderful learning experience that you will carry with you for the rest of your life. We trust that you are looking forward to learning a ton about yourself and having a **great** time!

Camp Weloki Tuition Payments are due in full prior to your session by Friday May 12th. Please make checks payable to Camp Weloki or contact the camp office to arrange payment by credit card. Camp Address and phone numbers are below.

This pre-camp packet contains several forms that must be completed and returned to the address, e-mail address, or fax number listed below **NO LATER THAN FRIDAY MAY 19** (sooner if possible for easier processing). Your camper will get the most out of their week if our staff is able to review this information in at our pre-camp staff meeting. **We read and discuss every form to assure a loving and personal experience for every camper.**

Forms to be returned: (attached in Microsoft Word format)

1. Liability Release
2. **Photo of Child, Shirt Size**
3. Camper Health History Form
4. Note to Instructors from Parents
5. Love Letter To Child
6. Camper Questionnaire
7. Immunization Record (copy)
8. Medical Insurance card (copy)

This packet also contains a suggested packing list, directions to Camp Butterfly (including the camp address and emergency phone number), and information about Parents' Day.

Camp starts on Sunday, June 11. We ask that all campers arrive between 4:00- 4:30 p.m. **Please do not arrive earlier; our staff has a limited amount of time to get camp set up for the campers.**

"Parents' Day" will be held on **Saturday, June 17** from 1:00 p.m.-2:30 p.m. **Please arrive on time** to greet campers and load gear into cars. This will be an informative and participative overview of the week. You will discover practical techniques and new perspectives for you to help your child keep the positive things they experienced at camp going throughout the year and help to incorporate those experiences into your home. Lunch will **not** be served to parents but campers will have eaten. **Bring a water bottle as it will be warm and drinks will not be provided.**

If you have any questions, please do not hesitate to call the office. We look forward to a wonderful week of learning and a ton of fun.

Warmest regards,

Tim & Anne Jordan, Erin Lynch & The Camp Weloki Staff

300 Chesterfield Center – Ste. 255 – Chesterfield, MO, 63017
Ph. 636-530-1883

CAMP WELOKI-- SUGGESTED PACKING LIST

Please label ALL items with camper's name. We do not have a laundry facility at camp. Please bring enough clothes to last entire week without doing laundry. Clothes do get stains so don't bring anything you are worried about getting ruined.

- **Water bottle THIS IS VERY IMPORTANT! Find one that is easily carried and put your name on it. We want the campers to drink lots of water so they stay hydrated.** If one is forgotten, we will provide them with one for a fee.
- Twin size sheets, blanket or sleeping bag
- Pillow & pillow case
- Underwear-(enough to last entire week)
- Long pants/jeans (2 pair)
- Shorts (several pair)
- T-shirts (at least 1 per day)
- socks (enough to last entire week)
- Rain poncho or rain jacket
- PJ's
- Sweatshirt or light jacket (mornings & nights are cool)
- 2 Swimsuits
- 1 Goddess outfit (some girls like to bring a long skirt or casual dress but this is optional)
- Laundry bag or large trash bag for dirty clothes
- Hiking boots, **sturdy** walking shoes or extra tennis shoes
- Old Tennis shoes
- 2 Flip-Flops/ sandals
- Hat /cap
- 3 Towels (including one beach towel)
- Soap/Shampoo
- Toothpaste and toothbrush w/ name on each
- Personal toiletries
- Deodorant
- Flashlight with extra batteries
- White T-shirt for tie dye or decorating
- Sunscreen /Sun block
- Insect repellent
- Pre-addressed, pre-stamped postcards or envelopes (optional)
- Fan & extension cord (optional but good for warm weather concerns)
- Inexpensive watch (optional)
- Alarm Clock (optional) **NOT A CELL PHONE!**
- Camera- we encourage the disposable type but please label with your name (optional)
- Musical Instrument or prop for Talent Show (optional)

Campers may bring or parents can send snacks and special treats that must be kept in sealed containers to keep bugs/animals out. Please don't bring anything with nuts do to allergies. No caffeinated or energy drinks are allowed ie; Red Bull or sodas. We ask that campers do not bring any valuable items to camp that might get lost or ruined. Campers are responsible for taking care of their personal belongings. Please **DO NOT** send money, everything will be provided for them.

IMPORTANT NOTICE: THE FOLLOWING ITEMS ARE NOT ALLOWED!

- CIGARETTES (THIS IS A SMOKE-FREE CAMP).
- **CELL PHONES, IPOD TOUCH, VIDEO GAMES OR ELECTRONICS OF ANY KIND,**
- **POCKET KNIVES, FIREWORKS, SODA OR ENERGY DRINKS.**

IF THEY ARE BROUGHT, THEY WILL BE HELD BY OUR STAFF UNTIL THE END OF CAMP.

Camp Weloki - Session 1, June 11 – June 17

TIMES:

- Arrival Time: Sunday, June 11, 4:00-4:30 pm
- Parents Day, (Please arrive by 1:00 p.m. Saturday, June 17)

For Parents' Day please wear cool, very casual/comfortable clothes, comfortable walking shoes and bring a water bottle. It may be hot. We will **not** be serving lunch to parents, but the campers will have eaten an early lunch. Siblings are welcomed but remember you will want to stay focused on the program, so please plan accordingly if you think siblings will be a distraction for you. Parents' Day will end about 2:30 p.m.

Please do not arrive before arrival times listed above for both Sunday & Saturday as the Staff is busy preparing.

DIRECTIONS:

Directions to Camp Weloki at Camp Butterfly (near Farmington, MO)

(Approx. 80 miles- drive time approx. 1 ½ hours from I-270 & I-55)

From St. Louis, MO -

I-55 South to Rt. 67 South to Rt. 32 EAST -Farmington Exit (Be sure not to take Rt.32 West which is 4 miles before Rt. 32 East)

Take Rt. 32 East through town of Farmington to **Rt. OO** (Stay straight onto Rt. OO)

Left Turn on F; Follow F for approximately 7 miles. (When you pass the AA intersection check your odometer, the turn into camp is exactly 1 mile from this intersection on F)

Left Turn on Pleasant Hill Church Rd. It is **VERY** easy to **MISS** this turn. It is more of a veer to the **LEFT**, just on the other side of a hill. Drive slowly through camp gate, down gravel road. After the red cabooses on right, You will see a basketball court on the left. Our staff will facilitate parking and unloading of gear.

MAIL & CARE PACKAGES:

Everyone loves to get mail at camp! We encourage parents to send letters and care packages to campers. Food and treats are fine to send. Please send mail or care packages **early in the week** to campers at address below. **It takes a few days longer to get to us.** We are not responsible for mail arriving before we arrive or after we leave camp.

Camp Address: **Camp Butterfly c/o Camp Weloki**
(Camper's Name)
11023 Pleasant Hill Church Rd
Farmington, MO 63640

Emergency Phone Number in Mess Hall- 573-756-2349 or
Erin's, Camp Director cell: 314-974-3222

CAMPERS NAME _____

CAMP WELOKI, INC./CHILDREN & FAMILIES, INC.
AGREEMENTS AND RELEASE FROM LIABILITY

1. As a participant in this camp, **I agree to respect the confidentiality of all participants and their remarks, and I agree to keep all such material private and confidential.**
2. I am aware that if my child breaks camp rules and it is deemed necessary by the camp director, he/she may be sent home at my expense without refund of tuition.
3. Camp Weloki reserves the right to use all photographs and videos taken of our campers for promotion purposes, including our website, marketing materials, and social media.
4. There will be no refund for late arrival or early departure. No refund will be made for anyone leaving camp because of homesickness, dismissal, misconduct, or illness.
5. **I, ON BEHALF OF MY CHILD, ASSUME THE RISK, BY THIS CONSENT, OF ANY ILLNESS/ACCIDENT DURING THE CAMP, AND HEREBY RELEASE CHILDREN & FAMILIES, INC. AND CAMP WELOKI, INC., AND THEIR EMPLOYEES, OFFICERS, DIRECTORS, SHAREHOLDERS, AGENTS, AND CONTRACTORS (HEREAFTER, THE "RELEASED PARTIES") FROM LIABILITY, THEREFORE.**
6. I hereby authorize the staff members of Children & Families, Inc./Camp Weloki, Inc. to take any reasonable steps on my behalf in the case of accident, injury or illness, including but not limited to emergency first aid; doctor, and hereby release the Released Parties from liability therefore.
7. In case of medical emergency, I understand every effort will be made to contact campers' parents or guardian. If the directors are unable to contact the undersigned, the directors have permission to authorize such action as they deem necessary and I hereby release the Released Parties from liability therefore.
8. I understand that my child may be transported by adult drivers (age 21 and older in their own vehicles) and hereby give my permission
9. I acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accidents, and understand that although the camp has taken precautions to provide proper organization, supervision, instruction, and equipment for adventure activities, it is impossible to guarantee absolute safety. I/We consent to the participation of activities and hereby release the Released Parties from liability therefore.

Signature of Camper

Date

Signature of Parent or Guardian

Date

Please list a name and phone number of who we should contact in case of emergency and a back up.

1. _____ (parent/guardian)
2. _____ (back-up person)

Please attach copies of front and back of your health insurance card to this form. Thank you!

Photo of Child

We are asking for a small headshot to help the staff recognize your child upon arrival. We work very hard to help a child transition into the community after they say goodbye to their family. Even if your child has attended camp in the past our staff may not know them yet and this will allow everyone an opportunity to make that name-face connection. We would prefer a 4x6 or smaller head shot of your child. Please send in with paperwork or attach with your emailed forms (digital pictures will work).



Shirt Size

Please choose one size you would like for your child's summer camp shirt.

Child

S ___ M ___ L ___

Adult

S ___ M ___ L ___ XL ___

Camp Weloki – Camper Health History & Parent/Guardian Authorization for Medical Treatment

The information on this form is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel in writing upon the participant’s arrival in camp. Please provide complete information so that the camp can be aware of your child’s needs. Feel free to use a separate sheet of paper if necessary and attach to this form.

CAMPER INFORMATION:

Name _____ Birth Date _____ Age at camp _____
Home address _____
Custodial parent/guardian _____ Home Phone _____
Home address (if different from above) _____
Other phone numbers, work _____ cell or other _____
Second parent/guardian or emergency contact _____
Address _____ Phone _____
Other phone numbers work _____ cell or other _____
If not available in an emergency, contact _____
Relationship _____ Phone numbers _____
Insurance Information: Is the camper covered by family medical/hospital insurance? Yes No
If so, indicate carrier or plan name _____ Group # _____
Name of insured _____ SS# _____ Relationship to participant _____

IMPORTANT - Please attach copy of your insurance card (both sides) to this form

HEALTH HISTORY: The following must be filled out by the parent/guardian.

Allergies: List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma animal dander, etc.

MEDICATIONS: Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

This person takes NO medications on a routine basis. OR This person takes medication as follows:
Med #1 _____ Dosage _____ Specific time/s taken each day
Reason for taking _____
Med #2 _____ Dosage _____ Specific time/s taken each day
Reason for taking _____
Med #3 _____ Dosage _____ Specific time/s taken each day
Reason for taking _____

Attach additional pages for more medications as needed.

Identify any medications taken during the school year that participant does/may not take during the summer:

RESTRICTIONS- The following restrictions apply to this individual.

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs

Other(describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what limitations or adaptations are necessary)

GENERAL QUESTIONS (Explain "yes" answers below)

Has/does the participant:

Yes No

Yes No

- | | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had problems with joints/ (knees, ankles)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have orthodontic appliance brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 25. If female, have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have history of bedwetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever had emotional difficulties for which you sought professional help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 15. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Please explain any "yes" answers, noting the number of the question:

Check any of the following boxes if child has had:

Measles Chicken pox German measles Mumps Hepatitis A Hepatitis B Hepatitis C

Name of physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Important – These boxes must be complete for attendance

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance/medical purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian X _____ Printed Name _____ Date _____

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Love Letter to Your Child



Dear Parent/Guardian,

Here is an opportunity for you to participate in a very special camp exercise!

Please write a love letter to your child. Express to him or her what you:

- **love** about him or her
- what you **appreciate**
- and **admire** about him or her
- what you have **learned** from him or her about yourself
- and anything else that you want to share.

Take this opportunity to let your child know all of the **truly important things** that get lost in the hustle bustle of everyday life.

Seal this letter in an envelope with your child's full name on it and send it via mail with the rest of your camper's forms. Do not turn it into us on the first day of camp.

Please do **NOT** use this letter as a way to critique or give suggestions on how to improve. This letter should only state the positives that you see in your child.

We must have a letter for every child.

We are not willing to do this exercise and have any child left out. Every parent must bring a letter in order to make this experience possible. Grandparents and siblings can also write letters but please put all notes in one envelope if possible. We know we can count on you in helping us make this personal and loving exercise. Thank you for your support.

With Love from us,

Camp Weloki Staff

Please have this filled out by the camper!

Camper Name _____ Age _____ Date _____

Camp Weloki – Family Information/Background

NAME	AGE	(DESCRIBE THIS PERSON)
Mom	_____	_____
Dad	_____	_____
Step Mom/Dad	_____	_____
Sister/Brother	_____	_____
Sister/Brother	_____	_____
Sister/Brother	_____	_____
Sister/Brother	_____	_____
Sister/Brother	_____	_____
Sister/Brother	_____	_____

Please write in any additional family members who were not listed above and their relationship to the camper that you would like us to know about:

Camp Weloki - Teen Camper Questionnaire

Name _____ Age _____ Date _____

Please take a few minutes to get your thoughts and feelings down on paper. This will help you to get clear about what you want out of this experience. This information will be kept in confidence. Please use an additional page if needed.

1. What is important for us to know about you?
2. What is one thing you'd most like to change about your friendships?
3. What is one thing you'd most like to change in your family?
4. What issue(s) is causing you the most stress, grief, or problems currently?
5. What have you experienced that you hope your kids won't have to go through?
6. What is the coolest, most positive thing going on in your life right now?
7. What do want to learn or accomplish at camp?