



## **Hello Campers and Parents/Guardians!**

Welcome to your 2016 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week **July 11 – July 15, 2016** at Camp Cloverleaf in Lake Placid, FL. We are glad you will be joining us this year! Campers will have an exciting week of outdoor recreation and educational activities planned for them this summer. There's fun on the horizon!

This packet contains all the information that you need to get started. Please thoroughly read, complete and return all forms. Any missing information will hold up the registration process and possibly cause the camper to miss out on a preferred activity. All forms must be completed and signed. A description of required forms is listed below. Also enclosed is a summer food service application. If you are currently eligible for free or reduced lunch, food stamps or AFDC you will qualify for the discount by completing this application. If you do not qualify, please write "Not Applicable" across the page and sign the bottom. This way we can show the Florida Department of Education that every camper was given the opportunity to apply. In order to subtract the food service from your fees, I must receive the completed application with your camper registration form.

Make sure that all of your paperwork is complete and turned in to the 4-H office no later than June 7th Camp fee is \$210.00. Scholarship forms available, **due by June 1<sup>st</sup>**.

### ***In the packet:***

- Camp info
- Camp Registration
- Medication Form
- Packing List
- Participation Form
- Cell phone, Graffiti Policy, Special Dietary Needs
- Camp pick up release,
- Food Service Program (If not needed, please write "not applicable" and sign at the bottom – return either way)

**THEME: "Game On!"**

## Camp Information

**COST:** 4-H Camp costs \$210, this includes meals, insurance, lodging, snacks and program materials for 5 days and 4 nights. This reduced rate, compared to other Florida youth camps, is made possible because this 4-H Camp is an IFAS Extension sponsored activity with the support of Florida 4-H Foundation.

**MAIL:** You can write to: 4-H Camp Cloverleaf, 126 Cloverleaf Rd. Lake Placid, FL 33852. Attn: Seminole County 4-H Parents/Guardians, we suggest you mail on Monday (or the week prior) so it will arrive before we leave camp.

**EMERGENCY PHONE NUMBER:** Camp Clover Leaf office number is 863-465-4884, this number can only be used for emergency purposes. As a reminder, cell phones are not allowed to be used by campers while at camp.

**ARRIVAL:** Campers need to arrive at Camp Cloverleaf at **1pm** on Monday, July 11<sup>th</sup>. Please eat lunch before coming to camp. Please don't arrive any earlier as there will not be supervision.

**PICK-UP:** Parents/Guardians should arrive between **9:30a.m.-10:30 a.m.** on July 15<sup>th</sup>. Parents/guardians are welcome to come to our closing Friendship Circle and camp awards at 9 a.m.

**CAN I PICK MY CHILD UP EARLY FROM CAMP?** For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, and are not allowed to miss mid-week days, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of each camp week.

**DAMAGE POLICY:** There is a damage policy at camp. If you damage any equipment, buildings or facilities you will be charged a minimum of \$25 or the cost of fixing it. This means if you write your name on a wall it will cost \$25. We want our camp to remain in good shape for everyone to enjoy.

**NEW CAMPER ORIENTATION:** Seminole County 4-H Camp orientation is scheduled for **Thursday, June 23rd 6:30pm to 7:30 p.m.** at the Seminole County Extension Office. All NEW campers and parents/guardians will be required to attend either camp orientation, or be responsible for setting up a meeting with the 4-H office to complete the orientation at another time.

4-H Camp Cloverleaf and Florida 4-H has a zero tolerance policy for bringing, using, or implying use of any illegal substances.

**4-H is part of the National Institute of Food and Agriculture of the USDA, and cooperation land grant universities. 4-H prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, veteran status, marital or family status.**

2016 Summer Camp Registration Lake, Osceola, Orange and Seminole  
**DEADLINE: Tuesday, June 7, 2016** to the Seminole County 4-H Office  
 July 11- July 15, 2016 – Camp Cloverleaf

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ 4-H Age by 9/1/15: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Club: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ County: \_\_\_\_\_

**Emergency Contact Information:**

Primary: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Secondary: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Tertiary: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

I will be attending as a: Camper \_\_\_\_\_ CIT \_\_\_\_\_ Counselor \_\_\_\_\_ Chaperone \_\_\_\_\_

**Camper** 8-13 years as of 9/1/15 **CIT** 13-18 years, At least 1 year prior camp exp. **Counselor** 14-18 years

**All campers will be participating in the following activities:** Swimming, Fishing, Archery, Kayaking and Environmental Education.  
 Youth may choose two afternoon classes of their choice, please rank 1-4, with "1" being your first choice.  
 Mad Science\_\_\_ Healthy Snack Creation\_\_\_ Arts and Crafts\_\_\_ Water Quality Exploration

CAMP FEES:	Registration Fee		<u>\$ 210.00</u>
	Scholarship Discount (TBA)	--	\$ _____ for office
	Summer Food Service Program Qualification (\$ 36.25)	--	\$ _____ for office
	Club Scholarship (If applicable)/Leader verification needed)	_	\$ _____ for office
	<b>Balance due =</b>		<b>\$ _____ to office</b>

Checks must be made payable to:

**Seminole County 4-H**

Final and complete payments are due June 7. You will be notified of any scholarships discount prior, if applicable.

**Send COMPLETED Registration to:** Seminole County 4-H: Attn: 4-H Summer Camp  
 250 W. County Home Road, Sanford, FL 32773



# Florida 4-H Medication Form

**Parent /Guardian:** Please complete this form for any medication your child will be taking while attending camp, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for camp. Write your child's name on a zip lock bag and place this form along with the medication inside the bag.

4-Hers name: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_  
County/City: \_\_\_\_\_ Gender: \_\_\_\_\_

The following will need to be completed for each medication your child will be taking while at camp, including non-prescription medications such as allergy medicine.

Medication name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time of day for administration: \_\_\_\_\_  
Special instructions or warnings: \_\_\_\_\_

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Dosage: \_\_\_\_\_  
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Medication name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time of day for administration: \_\_\_\_\_  
Special instructions or warnings: \_\_\_\_\_

Bed Linens (Sheets, blankets, or sleeping bag, pillow)

Pajamas

Toothbrush, toothpaste, deodorant, soap, shampoo

Sun block

Bug spray

Flashlight

Medications (if needed) all supplements, Over the Counter Medications must be listed on Form

Swim Suit, one piece for girls, if wearing a two piece wear a dark shirt over two piece

Flip Flops for Shower

Closed Toed Shoes and Sneakers

Extra Socks

Several changes of comfortable clothes

Hat

Shorts must be long enough to pass finger tips when hands are at side.

**DO NOT BRING:**

Cell Phones

Electronic Games (DS, IPODS, I Touch, I PAD)

Chewing Gum

Fireworks

Weapons to include pocket knives)

Please let me know if you have any questions. 407-665-5557.

Print Campers Name: \_\_\_\_\_ Date \_\_\_\_\_

# Cell phone policy agreement form:

Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until we return to the county office.

I, \_\_\_\_\_, understand that I am not to bring a cell phone to camp. (Signature of 4-H'er)

I know in this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Often time's homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must be able to develop this independence. If there is an emergency or we are concerned about the youth's well-being, campers will be allowed to call home.

I, \_\_\_\_\_, have read the above cell phone policy and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency and I cannot reach my child on their cell phone, I may contact the Camp Cloverleaf office (863) 465-4884.

\_\_\_\_\_  
(Signature of Parent/Guardian)

# Graffiti Policy

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface ANY camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

I understand that I am not to deface or defame any camp property  
\_\_\_\_\_  
(Signature of 4-H'er)

I, \_\_\_\_\_, understand the above 4H graffiti policy.  
Print name of Parent/Legal Guardian

# Special Dietary Needs

The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: \_\_\_\_\_ County: Seminole

Check One: Camper (8-13 years old) Counselor -in-Training  
Teen Counselor (14-18 years old) Adult volunteer or Extension faculty/staff

In the space provided below, please list all food allergies for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and food restrictions (non-allergy) for the person listed above and food substitutes that may be considered:



## Happy Camper Agreement

The Happy Camper Agreement is for the purposes of ensuring that campers have an enjoyable time in a safe and supportive environment. Additionally, the purpose of the agreement is to ensure all campers are aware of appropriate behavior and receive support for any incidences that may occur during the camp week.

*By initialing the following statements, I am agreeing with these procedures.*

- If at any time during camp I feel sick, threatened or bullied I will immediately tell my counselor, camp staff or an adult.

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

- I will not argue, threaten or cause harm either verbally or physically to myself, other campers, camp staff or adults.

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

- I understand that if I argue, threaten or cause harm either verbally or physically to myself, other campers, camp staff or adults, I will be sent home immediately.

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

# Camp Release

This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp. Full time participation is strongly encouraged. I, \_\_\_\_\_, as parent/guardian of the person listed above authorize the persons listed below to pick up my child in the case of an unexpected emergency. Names of person(s) who are authorized to pick up my child (Remember, we do not know you so list both parents/guardians names also). Persons leaving camp will be required to check out and show their license Or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.


\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Parent or Legal Guardian

If married, or divorced but having joint custody of the youth, both parents must sign.  
If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

**INCOME ELIGIBILITY FORM  
FOR THE  
SUMMER FOOD SERVICE PROGRAM  
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

**Follow these instructions, if your household gets SNAP TANF or FDPIR:**

- Part 1:** List participant's name and a SNAP, TANF or FDPIR case number.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Sign the form. A Social Security Number is NOT required.  
**Part 5:** Answer this question if you choose to.

**If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:**

- Part 1:** Enter the child's name.  
**Part 2:** Please contact us at **[phone number of Sponsor]**  
**Part 3:** Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.  
**Part 4:** Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.  
**Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1:** List each participant's name.  
**Part 2:** Skip this part.  
**Part 3:** Follow these instructions to report total household income from last month.  
**Column A—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.  
**Column B—Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.  
 In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).  
 In box 2, list the amount each person got last month from welfare, child support, alimony.  
 In box 3, list Social Security, pensions, and retirement.  
 In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.  
**Column C—Check if no income:** If the person does not have any income, check the box.  
**Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.  
**Part 5:** Answer this question if you choose to.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

**Part 1. Children enrolled in Camp or Closed Enrolled Sites.**

Names  
(First, Middle Initial, Last)

SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

**Part 2. Foster Child**

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List everyone in household, including children) (Example) Jane Smith	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year

Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_

Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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 Program.

**Non-discrimination Statement:** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identify, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA [Program Discrimination Complaint Form](#), found online at or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

		Effective from July 1, 2013 to June 30, 2014									
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>											
1 .....	11,490	21,257	1,772	886	818	409	14,937	1,245	623	575	288
2 .....	15,510	28,694	2,392	1,196	1,104	552	20,163	1,681	841	776	388
3 .....	19,550	36,131	3,011	1,506	1,390	695	25,389	2,116	1,058	977	489
4 .....	23,550	43,568	3,631	1,816	1,676	838	30,615	2,552	1,276	1,178	589
5 .....	27,570	51,005	4,251	2,126	1,962	981	35,841	2,987	1,494	1,379	690
6 .....	31,590	58,442	4,871	2,436	2,248	1,124	41,067	3,423	1,712	1,580	790
7 .....	35,610	65,879	5,490	2,745	2,534	1,267	46,293	3,858	1,929	1,781	891
8 .....	39,630	73,316	6,110	3,055	2,820	1,410	51,519	4,294	2,147	1,982	991
For each add'l family member, add	4,020	7,437	620	310	287	144	5,226	436	218	201	101
<b>ALASKA</b>											
1 .....	14,350	26,548	2,213	1,107	1,022	511	18,655	1,555	778	718	359
2 .....	19,380	35,853	2,988	1,494	1,379	690	25,194	2,100	1,050	969	485
3 .....	24,410	45,159	3,764	1,882	1,737	869	31,733	2,645	1,323	1,221	611
4 .....	29,440	54,464	4,539	2,270	2,095	1,048	38,272	3,190	1,595	1,472	736
5 .....	34,470	63,770	5,315	2,658	2,453	1,227	44,811	3,735	1,868	1,724	862
6 .....	39,500	73,075	6,090	3,045	2,811	1,406	51,350	4,280	2,140	1,975	988
7 .....	44,530	82,381	6,866	3,433	3,169	1,585	57,889	4,825	2,413	2,227	1,114
8 .....	49,560	91,686	7,641	3,821	3,527	1,764	64,428	5,369	2,685	2,478	1,239
For each add'l family member, add	5,030	9,306	776	388	358	179	6,539	545	273	252	126
<b>HAWAII</b>											
1 .....	13,230	24,476	2,040	1,020	942	471	17,199	1,434	717	662	331
2 .....	17,850	33,023	2,752	1,376	1,271	636	23,205	1,934	967	893	447
3 .....	22,470	41,570	3,465	1,733	1,599	800	29,211	2,435	1,218	1,124	562
4 .....	27,090	50,117	4,177	2,089	1,928	964	35,217	2,935	1,468	1,355	678
5 .....	31,710	58,664	4,889	2,445	2,257	1,129	41,223	3,436	1,718	1,586	793
6 .....	36,330	67,211	5,601	2,801	2,586	1,293	47,229	3,936	1,968	1,817	909
7 .....	40,950	75,758	6,314	3,157	2,914	1,457	53,235	4,437	2,219	2,048	1,024
8 .....	45,570	84,305	7,026	3,513	3,243	1,622	59,241	4,937	2,469	2,279	1,140
For each add'l family member, add	4,620	8,547	713	357	329	165	6,006	501	251	231	116