

# Camp Weloki-Weekend Retreat

Dear Parents and Campers,

Thank you for enrolling in our upcoming weekend retreat! We are very excited and we hope that you are getting excited, too! We will all have a great time! Remember, if you have not paid your final balance for the weekend, it **MUST BE PAID BEFORE** your child arrives.

This packet includes information you need for the weekend and forms to be returned **NO LATER** than **the week of your weekend session**. \*\*\*Note: All forms must be received by this date. Staff will meet to discuss our weekend agenda and curriculum based on the responses provided.

- Enrollment Form
- Picture of Camper
- Camper questionnaire (2 pages)
- Parent note to Instructors
- Release Form
- Medical Form
- Woodland Hills Release Form
- **Copy of front and back of health insurance card**

***If you are a returning family, we most likely have some forms on hand but we need to make sure they are up to date. Please call/email me, if you would like to update your existing forms so you will not have to fill out all new forms.***

Please arrive at camp at 7:00 p.m. Please do not arrive early as our staff meets beforehand. We will check your camper in, give parents a hug goodbye, and start our weekend!

Camp Woodland Hills is approximately 45 minutes from Highways 270 & 44. Directions with emergency phone number and packing list are attached. Dinner will not be served on Friday night so please make sure you have eaten dinner prior to arriving at camp. We will serve a snack later in the evening. All other meals are provided.

The weekend will conclude on Sunday with a short parent program starting at **11:00 a.m.** Please arrive on time. Program will last approximately 1 hour. No lunch will be served.

Thank you for trusting us with your child and for giving them this awesome gift of learning and fun. Please call if you have any questions. We are looking forward to a wonderful weekend with your child.

Warm regards,

Erin Lynch  
Camp Director

CAMPERS NAME \_\_\_\_\_

CAMP WELOKI-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.
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., CAMP WELOKI, KIDS CAMP/TEEN CAMP 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 and Kids Camp/Teen Camp 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 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).



**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 \_\_\_\_\_  Male  Female  
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.

Signature of Camper X \_\_\_\_\_ Date \_\_\_\_\_

# Parent's Note to Instructors

Dear Parent/ Guardian, Camper's Name \_\_\_\_\_ Date: \_\_\_\_\_

Please provide information that will help your child have a more rewarding and enjoyable camp experience and to better help us to serve them. Tell us things like how the school year is, any new + or - experiences they have had if their life, any friendship issues, behavioral things you notice at home with your child, etc.

**We use these forms to plan our curriculum prior to camp, so please return ON TIME by emailing to: [director@campweloki.com](mailto:director@campweloki.com) or faxing to: 636-530-0039. Thank you!**

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# Teen Journey Weekend Camper Questionnaire 2015

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Please help us to understand how we can be the most valuable to you and for you to get clear about what you want out of your experience. Information is kept confidential.

1. What is important for us to know about you?
2. What makes it safe for you at home or with friends to express your feelings and be real? Be specific.
3. What is the main thing you want from your parents that you are not getting?
4. What have you experienced that you hope your kids won't have to go through some day?
5. What is the best, most positive thing going on in your life now?
6. What issue is causing you the most stress, grief, or problems?
7. What would you like to learn or accomplish during your weekend?

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# IMPORTANT WEEKEND INFORMATION

\*\*These directions tend to be better than GPS systems and Google Maps, etc.

## Directions to Camp Woodland Hills in St. Clair, MO

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From St. Louis-

Interstate 44 West (Southwest) to Exit #239 (Hwy. WW/30) at St. Clair

Turn RIGHT at the top of the exit ramp and then make an immediate LEFT turn onto the NORTH OUTER ROAD.

Make a RIGHT turn just past the VFW hall on WW. Stay on WW until the black top ends (approx. 3 miles).

Continue 4/10 of a mile on "chip and seal" paved road. Entrance to camp is on the right (Metal gate will be open) with a wood sign for Camp Woodland Hills. Drive in and the Lodge will be on the right. Please drop your stuff off at the second set of doors and then park your car up and to the left (right of the basketball court).

Camp Woodland Hills  
1260 Hwy. WW  
St. Clair, Mo. 63077

**The emergency phone number at Camp Woodland Hills is (636) 629-9910.**

**You may also call, Gretchen Long, Director at (314) 435-4032**

## Weekend Packing List *(Please be comfortable & dress is super casual for the weekend)*

- Bedding- twin size sheet & pillow
- Blanket or sleeping bag (sleeping rooms are heated if necessary)
- Old Tennis shoes
- Extra pair of old shoes or Hiking boots (optional)
- Bath towel
- Toothbrush & toothpaste, Soap & Shampoo, Deodorant, Hairbrush, Body Wash, etc.
- Jeans or long pants
- Shorts
- Pajamas
- Underwear & socks for two days
- Jacket, gloves, hat – (warm clothes for outdoor activities hiking, camp fires, etc. it may be chilly at night)
- T-shirts
- Sweatshirt
- Feel free to bring your favorite CD's or cassettes, we will have a stereo for everyone's use. Please label with your name so they will not get mixed up.
- **NO Cell Phones, Video Games, and all music devices like MP3s and IPODs asked to be kept in their rooms and only used at night for sleeping. Please NO devices that have any games or internet accessibility!**
- Musical Instruments, card or board games or anything else to make your weekend more comfortable and enjoyable.

**\*\*Make sure you put your name on your stuff so you won't lose it!**

**Arrival time on Friday night: 7:00 p.m.** (please do not arrive more than 15 minutes early as our staff will be preparing for the camp prior to then.)

**Parents arrive on Sunday at 10:45 a.m.** – Parent program starts at 11:00 for about an hour. No lunch will be served. (please do not arrive more than 15 minutes early)