

2010 ENROLLMENT APPLICATION



You may mail application to:
Camp Ogichi Daa Kwe
3515 Michigan Ave.
Cincinnati, Ohio 45208
You may FAX application to:
(513) 772- 5673

PLEASE ENROLL (FULL NAME): _____ FOR THE 2010 SEASON.

NICKNAME _____ DATE OF BIRTH _____ 09-10 SCHOOL YEAR GRADE _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ CAMPER'S E-MAIL _____

School attending 2009-10: _____ Camp attended 2009: _____

How did you learn about Camp Ogichi Daa Kwe? Website Kooch or Ogichi Gathering Referral by: _____

Applicant resides with: BOTH PARENTS MOTHER FATHER OTHER

Siblings' Names/Ages/Gender _____

PARENT'S/GUARDIAN'S MAILING NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ HOME PHONE () _____

MOTHER'S NAME _____ FATHER'S NAME _____

E-MAIL _____ E-MAIL _____

CELL PHONE () _____ CELL PHONE () _____

EMPLOYER _____ EMPLOYER _____

TITLE _____ TITLE _____

BUSINESS PHONE () _____ BUSINESS PHONE () _____

BUSINESS E-MAIL _____ BUSINESS E-MAIL _____

Ogichi's goal is to provide a positive camp and wilderness experience for our participants, individually and as a community, with suitable challenge to promote personal growth in all of our participants. The following questions provide insight into appropriate placement for your daughter. Ogichi desires a well-rounded community; an affirmative answer does not eliminate a camper from the program. However, *Ogichi reserves the right to deny acceptance of a camper if we believe she is unable to meet the physical, mental, social or safety demands of our program.*

Becoming Part of The Ogichi Community

1. Whose idea is it for applicant to apply? _____

2. Has your daughter been away from home before? Yes No What is the longest time? _____

Did she experience homesickness? Yes No

3. What do you hope the applicant will gain from this experience? _____

General Medical History

- Does your daughter have any chronic conditions or recent injuries? (Please circle)

Asthma	Surgical History	Skin Conditions	Seizure Disorder	Ulcers/GI Complaints
Diabetes	Fractures	Fainting	Allergies	Other:_____
- List applicant's prescribed medications: _____
- Does applicant have special dietary needs? _____
- Has applicant ever received treatment, counseling or hospitalization with a mental health professional? Yes No
 Reason for treatment (Please CIRCLE):

ADD/ADHD	Depression	Family Issues/Divorce	Substance Abuse
Anxiety	Eating Disorder	Academic issues	Other:_____
- Does applicant exercise regularly? Yes No
- Is applicant overweight? Yes No Under weight? Yes No
- Can applicant swim? Non-swimmer Moderate Strong

Border Crossing Information

The following information is essential to cross the Border into Canada and to re-enter into the United States. Some crimes in the United States are considered felonies in Canada preventing ability to cross the border.

- Does applicant have a valid passport? Yes No
- Has applicant been convicted of a crime or DUI? Yes No

2010 Session Offerings - please check desired session(s)

Leadership Development/Advanced Canoeing (LDAC)/CIT Session: June 13 - July 15
 LDAC Session tuition: \$3660
 For girls completing grades 9-12. Includes participation in Camper Session June 22 - July 15.
 Also includes 2 day whitewater training, 3 day whitewater trip, leadership training.

Plus optional 3-week "Big Trip" July 15 - August 8: \$2500
 Invitations to be a Counselor in Training(CIT) will be made to girls signed up for the LDAC program who Ogichi identifies as appropriate understudies for a staff position the following summer

3-week Camper Sessions:

For girls completing grades 6-12
 Camper tuition: \$2,925
 1st Session: June 22 - July 15 (35 spaces available)
 2nd Session: July 17 - August 8 (25 spaces available)

Chickadee Sessions:

For girls completing grades 3-5
 3-Week Chickadee Tuition : \$2925
 10-Day Chickadee Tuition: \$1350
 3-week session: June 22 - July 15
 3-week session: July 17 - August 8
 10-day session: July 17 - July 26
 (18 spaces available)

Senior High Short Session: June 13 - June 22

Tuition: \$1000 (7 spaces available)

Tuition Payment Schedule:	
January 1, 2010	\$600.00
March 15, 2010	\$600.00
May 15, 2010	Balance

Tuition payments can be charged to your credit card

MasterCard, Visa, Discover or American Express

Card Number: _____ Exp Date: _____
 3-digit Security Code: _____ I authorize Camp Ogichi Daa Kwe to charge my credit card account in the amount of \$ _____.

Name (print as it appears on card): _____

Signature: _____ Date: _____

Please include \$500 deposit check or credit card information with this application. Early enrollments may be cancelled prior to March 15, 2010 with full refund, except for the \$500 deposit. Between March 15 and May 15, one-half of the tuition due will be retained. After May 15, 2010 all tuition paid will be retained. No reduction on tuition is made for late arrival, early departure, in the event of dismissal or withdrawal due to homesickness, misconduct, or any other cause, other than illness or injury requiring attention of a physician at home.

APPLICANT'S SIGNATURE

PARENT'S/GUARDIAN'S SIGNATURE