



33412 WEBSTER ROAD EAST • EATONVILLE WA 98328- 8686

Dear Camper Parents/Guardians,

We are looking forward to having your child with us at Camp Arnold during the summer of Summer! We are preparing a fun and faith filled summer and believe all will have a fantastic time.

Our staff at Camp Arnold is committed to providing a safe and meaningful camp experience. We promise to take the utmost care of your child(ren) as they have loads of fun and experience all camp has to offer.

Our mission at camp is to use the beauty of our camp setting to share Jesus with our campers, teach them environmental awareness, encourage positive social behavior and safely provide opportunities for fun and adventure to every camper.

Please take time to visit our Parents Page (<https://tsacamparnold.org/parents/>) on our website! It contains a link to send emails to your camper, information about activities, discipline, health care, and much more. If you have any questions or concerns please contact us and let us know (253-847-2511).

Please ensure all the attached forms are completely filled out and that all parental signatures are in place. Without the proper forms filled out and signed we may not be able to keep your child at camp.

Please take an opportunity to look at the “Summer Camp FAQ’s” page on our website, under the Summer tab. You’ll find information on what to bring (and not bring) to camp, information for parents on how to communicate with your camper while they’re at camp, and much more.

We can’t wait to meet your child this summer and welcome them to our Camp Arnold family! We will continue to pray for a great summer and are confident God will bless us with one.

God bless you and your family!

Elizabeth Gross, Captain
DIVISIONAL YOUTH SECRETARY
The Salvation Army – Northwest Division

Jeff Potts
CAMP DIRECTOR
The Salvation Army Camp Arnold

CAMP ARNOLD EVALUATION FORM

Parents/Guardians – Please print and fill out completely. This form must be returned with your child's forms. Thank you.

How did you hear about Camp Arnold? _____

Have you heard positive things about Camp Arnold? (Please mark one) ☐ YES ☐ NO

What do you hope your child gets out of camp? _____

Why does your child want to attend camp? _____

If the Salvation Army did not offer a reduced-price camp would your child be able to attend any camp? ☐ YES ☐ NO

If your child HAS attended Camp Arnold before please answer the following questions:

We teach our campers about the importance of making good choices. **Looking back over the last year do you think Camp Arnold helped your child to understand and make better choices?**

- ☐ Yes, definitely
☐ May have helped
☐ Not sure
☐ No difference

We teach campers the importance of good attitudes and obedience at home and school. **As a parent or guardian do you feel that Camp's experience helped your child to have a better attitude and behave more obediently this past year?**

- ☐ Yes, definitely
☐ May have helped
☐ Not sure
☐ No difference

One of our goals as a Christian camp is to teach the children how important they are to God. **Did your child begin or develop a relationship with God at camp? (You may need to ask them)**

- ☐ Yes, definitely
☐ May have helped
☐ Not sure
☐ No difference

Do you feel that your child's relationship with God (or the teaching they received about God) has helped them in a positive way?

- ☐ Yes, definitely
☐ May have helped
☐ Not sure
☐ No difference

Do you feel that your child's general outlook on life or positive feelings about life changed or improved following their camp experience?

- ☐ Yes, definitely
☐ May have helped
☐ Not sure
☐ No difference

If your camper seemed more positive following their camp experience did that continue throughout the year?

- ☐ Yes, definitely
☐ For a while
☐ Not sure
☐ Doesn't apply

Please rate your entire experience – including feedback from your child on the scale below.

Better than expected!	As expected	Worse than expected
<div style="display: flex; justify-content: space-between;"> 1234567891011121314151617181920 </div>	<div style="display: flex; justify-content: space-between;"> 2122232425262728293031323334353637383940 </div>	<div style="display: flex; justify-content: space-between;"> 4142434445464748495051525354555657585960 </div>

Can you tell us why (especially if we didn't meet your expectations!) _____

Are there any new programs/activities you would like to see us add at Camp Arnold OR anything else you'd like to let us know?

Parents! Did you or your parents attend Camp Arnold - or did you work at Camp Arnold? ☐ Yes ☐ No

If you answered yes we would very much like to hear about your experience.
 Send us an email or a letter with **YOUR STORY**

Email the Director at: jeff.potts@usw.salvationarmy.org

Or, write us at: 33412 Webster Rd E, Eatonville, WA 98328

At the end of summer we will send a **\$50.00 FRED MEYER GIFT CARD** to the three best stories we receive. **We want to know how camp positively affected your life!**

Thanks! **God bless you!**

this is
my
story



AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL OR DENTAL CARE FOR MINOR CHILD

I declare that all information provided is correct to the best of my knowledge, and being the person having legal

custody of _____ a minor born on _____ hereby authorize The Salvation Army, acting through any adult officer thereof, into whose care the said minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

(Parent or Legal Guardian **Signature** - REQUIRED)

(Today's Date)

(Parent or Guardian Name – Please Print)

(Parent or Guardian's Phone Number XXX-XXX-XXXX)

(Home Address – Street, City, State, Zip Code)

(Alternate Emergency Contact Person)

(Alternate Contact Person's Phone Number XXX-XXX-XXXX)

Upon arrival at Camp Arnold all children are checked for head lice. If we are not able to treat the children and their belongings I understand that they will **not** be allowed to stay at camp. By initialing in the box below I hereby give permission for Camp Arnold to treat my child. ☐ Yes ☐ No (If lice are found we will call as a courtesy and will leave a message if you are not available on your phone).

Please list any special instructions for us here:

MEDICAL INFORMATION (Please Print)

Campers Name _____ Camper's Age _____ Camper's Birthdate _____

Allergies? ☐ Yes ☐ No To What? _____ Chronic Illnesses? _____

Vaccinated against Covid-19? ☐ Fully ☐ Partially ☐ Not Vaccinated

Regular Medications? _____

Are there any other medical/emotional issues that Camp Arnold should be aware of, in respect to participation in this program or in case of the need for emergency treatment? _____

Child's Regular Physician _____ Office Telephone _____

Address (Street, City, State, Zip Code) _____

Insurance Carrier _____ Policy # _____



CAMP ARNOLD DAY CAMP

33412 Webster Rd E * Eatonville WA 98328 * 253-847-2511 * tsaCampArnold.org

Day Camp Fees and Payment Information

- ☐ \$25 per child weekly registration fee (plus)
- ☐ \$275 first child per week ☐ \$225 second child per week ☐ \$175 per additional child/per week
- ☐ Full payment for each week is due in advance of your child attending that session.
- ☐ Credit/debit cards, checks and money orders are our preferred payment method.
- ☐ All in-person payments are to be made at the front office.

Drop Off/Pick Up and Late Fee Information

- ☐ Drop off hours are from 6:30 am until 8:30 am. Pick up hours are from 4:00 pm until 6:00 pm.
- ☐ Children must be picked up before 6:00 pm or late fees will be charged accordingly.
 - ☐ 6:01 pm to 6:10 pm = \$5 ☐ 6:11 pm to 6:30 pm = \$10
 - ☐ 6:31 pm to 6:45 pm = \$20 ☐ Every 15 minutes thereafter = +\$10
- ☐ Late fees are due at the time of pick-up via check or credit/debit card. A receipt will be given.
- ☐ If children need to be dropped off or picked up between 9:00 am and 4:00 pm, whenever possible, please let the staff know in advance.
- ☐ Children may only be picked up by someone you have authorized to do so in advance.
- ☐ Please *always* be prepared to show photo ID.

Meals

- ☐ Breakfast, lunch and an afternoon snack will be provided for your child.
- ☐ We are happy to try and meet special dietary needs that your child may have.
- ☐ Some especially restrictive dietary needs may require you to provide/supplement our meal service with food more appropriate in meeting your child's needs (this is unusual).

Games and Activities

Canoeing	Book Club
Climbing Wall	Group Games
Field Games	Table Games
Arts and Crafts	Legos
Wilderness Hikes	Puzzles
Gym Games	Soccer
Basketball	Slip and Slide
Zip Line	Archery
Rope Swing	Frisbee Golf
Field Trips	Campfire
Chapel	Skits
Devotions	Camp Songs
Swimming	Kickball
Elective Classes	And Much More...

What does the week look like?

Each day will be a little different but will include things like:

- Classes the campers can sign up for
- Free time with lots of activities to participate in
- Chapel Time
- Meals
- Cabin Activity Time

Fridays will sometimes include field trips or more unique activities, games and fun.

Each week will have a unique theme including things like: Music, Mystery, Adventure, Time Travel and more.





CAMP ARNOLD DAY CAMP

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Beautiful Setting, Great Facilities

Camp Arnold is a resident summer Christian camp owned and operated by The Salvation Army. We are located off Highway 161 about 17 miles south of Puyallup on the way to Mt. Rainier. The camp sits on over 670 acres of pristine land with beautiful forests, meadows, wetlands, and natural lake and spectacular views of Mt. Rainier.

Some of the amenities at our camp include nature trails, a wilderness camp, Challenge Course, outdoor playfields, an indoor gym, outdoor amphitheater, dining hall, large outdoor swimming pool, chapel, and indoor activity/class areas.

We offer overnight camp sessions lasting from 3 to 8 days for children ages 6-17. Your child will be supervised by caring on-site counselors who have been prescreened with reference checks as well as a criminal background check.

Health and Safety

The health and safety of your child is very important to us. Our trained staff closely supervise all activities. Lifeguards are on duty at the swimming pool and lake. A Camp Health Manager is available on-site and operates a fully equipped infirmary. We also have excellent emergency services response time in the immediate area.

All children are screened by our Camp Health Manager for any medical or dietary needs as soon as they arrive at Camp Arnold. Their counselors are informed of any special conditions. Medications are kept locked up and are dispensed by the Camp Health Manager. Your child's medications must be sent in the original container with the child's name, correct dosage, and doctors contact information. Any dosages that differ from the packaged instructions must be noted on a form signed by the doctor.

You'll be notified immediately with regards to the following medical issues involving your child; fever, vomiting, unknown rashes, hard knocks to the head, dental emergencies and any other emergencies requiring your child to be transported. If the doctor or nurse determines that it is better for your child to recover from an illness or injury at home you will be asked to come pick up your child as soon as possible.

Camp Arnold Dismissal Policy

To provide a safe and enjoyable environment that reflects Christian values, certain guidelines must be followed. If, for any reason, your child's behavior is considered detrimental to the camp, or other campers, he or she will be dismissed. You are responsible for providing transportation in the unlikely event of this disciplinary dismissal. Please note that no refund will be given for that weekly session.





CAMP ARNOLD DAY CAMP

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What to Bring to Day Camp

** Please put your child's name on all items*

- ☐ Backpack or bag
- ☐ Tennis shoes and socks
- ☐ Sweatshirt/sweater
- ☐ Rain jacket
- ☐ Hat or baseball cap
- ☐ Swimsuit
 - ☐ Gals: 1-piece or tankini
 - ☐ Guys: no speedos
- ☐ Towel
- ☐ Plastic bag for wet/dirty clothes
- ☐ Hairbrush or comb
- ☐ Lip balm
- ☐ Sunscreen
- ☐ Water bottle
- ☐ Bible (optional)
- ☐ Prescription medication
(in original containers with dosage instructions)

What NOT to Bring to Day Camp

- ☐ Money (a canteen credit is included)
- ☐ Jewelry and watches
- ☐ Cameras (use will be limited)
- ☐ iPods, video games or other electronics
- ☐ Pets or any animals
- ☐ Personal toys and sports equipment
- ☐ Cell phones

These additional items should also NOT be brought to camp. Their possession and/or use may result in immediate dismissal from camp.

- ☐ Lighters or matches
- ☐ Fireworks of any kind
- ☐ Cigarettes, e-cigarettes or any tobacco products
- ☐ Alcohol or drugs
- ☐ Any knives, weapons, etc.

Dress Code at Camp

Camp guidelines follow a modest dress code for the well-being of the campers and staff and it is very important to show discretion with the choice of clothing worn. Please instruct campers not to bring or wear any spaghetti straps, low cut blouses, bare midriffs, mesh shirts, short shorts, baggy pants that reveal under garments, and inappropriate slogans or images. Any camper or staff that does not abide by the camp's clothing guideline will be asked to change into more suitable clothing.

Thank You!

Camp Arnold is owned and operated by The Salvation Army. We strive to serve you and your children with a safe and caring camp environment, if you have any suggestions on how we may do so even better, please don't hesitate to let us know. Thanks!



SUMMER FOOD SERVICE PROGRAM

2024 Letter to Parents

Dear Parent/Guardian:

Providing free and nutritious meals to children is a growing financial challenge and requires our taking advantage of all available funding resources. One resource is the Summer Food Service Program (SFSP), a cash reimbursement program from the United States Department of Agriculture (USDA). The reimbursements are very helpful and aid us in providing better services to children.

In order for us to receive the maximum funds possible, we need information from you. This information will be kept strictly confidential. Please complete, sign and return the attached Confidential Income Statement form as soon as possible. Only one form is needed per household.

Thank you for your cooperation.

Jeff Potts

253-847-2511

Organization Representative

Phone Number

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	What must be on the application?
1	25,142	2,096	1,048	967	484	<u>For households receiving Basic Food/FDPIR/TANF:</u> 1. All children's names and case numbers, as applicable. 2. If a child does not have a case number, enter the household member's name and case number. 3. Adult household member's information & signature. <u>For households with a foster child:</u> 4. Child's name. 5. Adult household member's information & signature. <u>For households NOT receiving Basic Food/FDPIR/TANF:</u> 6. All children's names. 7. All household members' names. 8. All household members' income, by source. 9. Adult household member's last 4 digits of social security number (or check the "I do not have a social security number" box if the adult signing does not have one). 10. Adult household member's information & signature.
2	33,874	2,823	1,412	1,303	652	
3	42,606	2,823	1,776	1,639	820	
4	51,338	4,279	2,140	1,975	988	
5	60,070	5,006	2,503	2,311	1,156	
6	68,802	5,734	2,867	2,647	1,324	
7	77,534	6,462	3,231	2,983	1,492	
8	86,266	7,189	3,595	3,318	1,659	
Each additional household member add:	+ \$8,732	+ \$ 728	+ \$364	+ \$336	+ \$168	

INSTRUCTIONS TO COMPLETE THE CONFIDENTIAL INCOME STATEMENT

- Using the Income Eligibility Guidelines chart above, find your household size. A household is defined as all persons, related and unrelated, who live in your home and are sharing living expenses (children, parents, grandparents, friends, etc.) You may also include foster children living with you in the household size.
- Now determine total household income. Total household income is defined as the income each household member receives before taxes are deducted. This includes wages, social security, pensions, unemployment, welfare, child support, alimony, and any other cash income. If including foster children as part of the household size, you must also include their personal income. Do not include foster payments for being foster parents as income.

3. If the household income is the same as or less than the amount on the chart above **OR** you receive Basic Food benefits, **OR** take part in the Food Distribution Program on Indian Reservations (FDPIR), **OR** receive Temporary Assistance for Needy Families (TANF) for your children, fill out the Confidential Income Statement using the directions provided above.
4. If the household income is more than the amount on the chart, check the “NA” box in Section 2 on the Confidential Income Statement and complete parts 1 and 4. Your social security number is not required.

If your child has been determined by a medical doctor to be disabled and the disability would prevent the child from eating the meals provided at our site, we will make any substitution(s) prescribed by the doctor at no charge to you. Bring the doctor's note that prescribes the alternative food(s) needed and verifies alternate meals are needed due to the disability. This applies to food allergies as well. A form for your doctor's use will be provided upon request.

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632- 9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

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CONFIDENTIAL INCOME STATEMENT
HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

1. List **all children** living with you. Include any income received and make an “ x” in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4.**

Child's Last Name	Child's First Name	MI	Foster Child	Date of Birth	Child Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does the student receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.			
											Basic Food	TANF	FDPIR	
					\$						Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. List the names of all other household members - Please enter all household income and CHECK how often it is received. If you write a case number, skip to Section 4. If your income exceeds the income eligibility guidelines for your household size, check this box ☐ N/A. Sign and return this form.

Names of ALL other household members (do not include names of students listed above)	Foster Child	No Income	Earnings from work (before any deductions)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Welfare, Child Support, Alimony	Weekly	Every 2 Weeks	Twice a Month	Monthly	Pensions, Retirement, Social Security (SSI)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Any Other Income Not Already Listed	Weekly	Every 2 Weeks	Twice a Month	Monthly	Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.
																							Basic Food
			\$					\$					\$					\$					<input type="checkbox"/>
			\$					\$					\$					\$					Case #
			\$					\$					\$					\$					<input type="checkbox"/>
			\$					\$					\$					\$					Case #

3. Total Household Members (include all people living in your household): _____

4. **Signature and Social Security Number** – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds. I understand my child's eligibility status may be shared as allowed by law. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

----- Printed Name of Adult Household Member		
----- Mailing Address	----- Street Address	
----- City & Zip Code	----- Home Phone	----- Work/Cell Phone

Last 4 digits of your social security number: _____	
OR, if you do not have a social security number, check the box: <input type="checkbox"/>	
----- Adult Household Member Signature	----- Date
----- Email Address	

5. Children's Racial And Ethnic Identities(Optional)

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black, or African American

- ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Privacy Act Statement: This explains how we will use the information you give us. 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

SPONSOR APPROVAL/DENIAL

<input type="checkbox"/> Basic Food/TANF/FDPIR Household	Total Household Size	_____
<input type="checkbox"/> Foster Child (categorically free)	Total Household Income	\$ _____
Income Approved By (Check One):	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks
	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Annually

APPLICATION APPROVED FOR:

- ☐ Free Meals
☐ Reduced-Price Meals

APPLICATION DENIED BECAUSE:

- ☐ Income Over Allowed Amount
☐ Incomplete/Missing Information
☐ Other: _____

Date Notice Sent

Signature of Approving Official

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

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