

4-H Camp

St. Charles Parish – July 8-11, 2024

Return the Registration Form and your \$75 Deposit **by March 31, 2024**, to the St. Charles 4-H Office at 453 Spruce Street in Norco, La.; Mailing Address: P.O. Box 557, Norco, LA 70079. Please make checks payable to: **St. Charles 4-H**.

4-H Camp is for 4th-6th grade members only. This year's 4-H Camp for St. Charles Parish will be held on July 8-11, 2024, in Pollock, La. During this 4-day summer camp, members enjoy participating in hands-on activities in their tracks and recreation rotations. They also spend free time meeting new friends from St. Charles Parish and other parishes in the state and learn how to gain independence and build their pillars of character! For more information on the camp itself, please feel free to visit the [4-H Summer Camp website](https://www.lsuagcenter.com/topics/kids_teens/events/camps/grant_walker) at https://www.lsuagcenter.com/topics/kids_teens/events/camps/grant_walker. Please **do not** register for camp online. Registration should be handled with the St. Charles Parish 4-H Office. Please feel free to call us at 985-785-4473 to discuss camp if you have any questions! We are more than glad to discuss its many benefits and the schedule with you.

Space for camp will be limited. Registration will be collected on a first-come, first-serve basis, in which all application documents and deposit fees must be paid in order to secure a spot.

The basic cost for Camp this summer is \$190. This includes your Camp fees, transportation (bus), and a t-shirt. This does not include the optional items such as the group picture, the Camp Store, or a meal on the way going to camp. The \$75 non-refundable deposit will go toward camp fees if your child is on the Chancellor's Grant program. We do not want the cost of camp to deter you from allowing your child to attend. If you have any questions regarding scholarships, payment plans, and/or fees associated with 4-H Camp, please contact the 4-H Agent at 985-785-4473.

If you are interested in attending Camp this summer, you need to complete the Camp Registration Form and return it by **March 31, 2024**, to the 4-H Office. You must include a \$75 deposit with your application. Your deposit will be deducted from your total Camp fees. This deposit is **non-refundable** if you are selected and do not attend Camp!

Once you have sent in your Registration Form, you will receive an e-mail from the 4-H Office no earlier than 2 weeks after the deadline for applications. This letter will contain important information about Camp and forms that you will have to complete and return to the 4-H Office. In the forms, you will have the option to order group pictures and add money to the Camp Store. If you have issues affording the cost of Camp, the forms will give you the option to discuss a payment plan with the 4-H Agent. If you have any questions about Camp, please contact me at the 4-H Office at 985-785-4473 or via e-mail at kzammit@agcenter.lsu.edu. I hope that you will consider spending an exciting week at 4-H Summer Camp!

Dr. Kali Zammit
Extension Agent
4-H Youth Development
St. Charles Parish

4-H Camp Application for St. Charles Parish 4-H

***PLEASE PRINT! Return form and deposit by **March 31, 2024**, to the 4-H Office:

Physical Address: 453 Spruce Street, Norco, La.

Mailing Address: P.O. Box 557, Norco, LA 70079

Child's Name: _____

Parent Name: _____

Parent E-mail Address: _____

Physical Address: _____

Phone Number _____ School _____ Grade _____

Birthdate: (Month/Date/Year) _____

****Fees should be paid by check or money order: No cash!**

Make Check or Money Order payable to: **St. Charles 4-H.**

NOTE: Only a \$75 deposit is due by **March 31, 2024.**

Payment Concern: If you have a concern affording your child to attend Camp, you may choose to discuss your situation with the 4-H Agent. (Please check if this applies):

____ I would like to discuss a payment plan with you. Please call me at (____) _____

Chancellor's Grant: If you are interested in applying for a grant for financial assistance for your child to attend camp, please complete the Chancellor's Grant application and submit with the 4-H Camp application and the deposit. Those participants who qualify for the grant will be notified based on grant guidelines and income requirements.

Signature of Parent or Guardian



**4-H Summer Camp Participation Agreement
St. Charles Parish**

My child, _____, has my permission to participate in **4-H Summer Camp from July 8-11, 2024**. It is required that I pay a \$75.00 deposit to reserve my child's spot to attend the trip. In the event my child is unable to attend the trip, he/she will forfeit the deposit if he/she is selected to attend. I agree to pay any additional required fees associated with the cost to attend this event.

I understand that the St. Charles Parish 4-H Foundation is covering a major cost of the trip. I also understand that my child may be traveling by bus and possibly in vehicles driven by volunteers and/or LSU AgCenter staff throughout the event.

My child is agreeing to participate in all required educational programs associated with the above-mentioned function. My child accepts and agrees to abide by all rules and regulations as stated in the 4-H Code of Conduct as well as any set forth during the 4-H event.

Since this is an overnight event, I am agreeing that I am responsible for providing my child with any and all medical needs and/or medicines. In case of an accident, illness, or emergency, I am responsible for all fees. If for some reason the child needs to return home for medical or behavioral reasons, as stated in the code of conduct, travel home will be at the parent's expense.

By signing below, I acknowledge that I agree with the statement above and will abide by the conditions of this event.

Signature of 4-H Member Date

By signing below, I give my child permission to participate in the above listed event for St. Charles 4-H.

Signature of Parent/Guardian Date



**2024 LSU AgCenter
4-H Chancellor's Scholarship Form**

**Deadline for submitting this application to the St. Charles Parish LSU AgCenter Office is:
March 31, 2024**

PARISH _____

NAME OF 4-H MEMBER _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

EMAIL _____

**NUMBER OF INDIVIDUALS IN THE
HOUSEHOLD** _____

ANNUAL JOINT INCOME LEVEL _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

PARISH OFFICE USE ONLY

Guidelines Requirements Met:

- YES
- NO