

# NC KIDS CAMP INFORMATION SHEET



**FEE REDUCTIONS:** There will be a one - time \$25.00 fee reduction for Worker's Children, if Worker Application is submitted by May 6<sup>th</sup>. Also \$20.00 one – time discount for sibling campers. All such applications should note these reductions.

## **FOR PARENTS:**

- Boys and girls will be housed separately.
- A nurse will be on duty at all times.
- Qualified counselors and instructors with background checks.
- Lifeguard provided.
- Security patrol after dark.
- District Insurance is secondary coverage, supplemental to your primary coverage.

**Children's Camp Director:**

**Pastor Duncan Puckett  
704.904.0854**

**dpuckett@pineville.church**

## **ARRIVAL AND DEPARTURE TIMES**

- Check in on Monday between 1 pm – 3 pm. The first meal will be dinner.
- Camp will end Friday around 1 pm following a heavy snack. Kids should be picked up no later than 1:30 pm.

**ITEMS TO BRING:** Clothes for the week, extra clothes, Bible, pen, notebook, flashlight, tennis shoes, sandals or flip flops, swim suit ( one piece ), sunscreen, personal grooming items, towels, wash cloth, sheets or sleeping bag, pillow, medications ( in a large ziplock bag with child's name on it ), and an extra white t shirt for a special activity.

**ITEMS NOT TO BRING:** Cell phone, radios, IPod, and Electronics, Knife, Fireworks, Video Games, and / or anything you know you shouldn't.



# NC Nazarene Kid's Camp Camper Application '19

Camp Speakers: Pastor Trey and Candice Brooks family

**Date: June 24<sup>th</sup> – 28<sup>th</sup> , 2019**

**COST: \$200.00 WITH A NON – REFUNDABLE DEPOSIT DUE BY MAY 6<sup>TH</sup> OR \$250.00 AFTER MAY 6<sup>TH</sup> .  
( includes walk ins ) ALL COSTS MUST BE PAID IN FULL BY START OF CAMP. (CASH or CHURCH CHECK)**

**Make church checks payable to NC Nazarene Camp**

**WNC Church of God Campground, 88 Vinewood Circle, Whittier, NC 28789**

\_\_\_\_ Primary Camp (Completed 1<sup>st</sup>-3<sup>rd</sup> Grade)    \_\_\_\_ Junior Camp (Completed 4<sup>th</sup>-6<sup>th</sup> grade)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_ GRADE COMPLETED \_\_\_\_\_

LOCAL CHURCH \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

**DOES THIS CHILD HAVE A SIBLING ATTENDING NC KIDS CAMP? \_\_\_\_\_ ( \$20 ONE TIME DEDUCTION )**

**IS CHILD'S PARENT OR GUARDIAN WORKING NC KIDS CAMP? \_\_\_\_\_ ( \$25 ONE TIME DEDUCTION )**

**\*\*\* ( NO DISCOUNTS GIVEN AFTER MAY 6<sup>th</sup>. \*\*\***

**T Shirt Size:** Child's S M L XL    Adult S M L XL XX XXX \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ CELL \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Have or subject to: Asthma \_\_\_\_ Convulsions \_\_\_\_ Heart Trouble \_\_\_\_ Diabetes \_\_\_\_ Fainting \_\_\_\_ Other \_\_\_\_\_

Allergy or reaction to any medication? Describe \_\_\_\_\_ (use back of this form if necessary)

Any condition now requiring regular medication? \_\_\_\_\_

Any restrictions of activity for medical reasons? \_\_\_\_\_

I hereby give my approval for emergency medical treatment by proper medical authorities necessary for my child.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

**PLEASE MAIL PAYMENT AND FORM TO:    JOE BELL P.O. BOX 550030, GASTONIA, NC 28055    704.718.1383**

CHILD'S MEDICATION FORM ( FOR OUR CAMP NURSES )  
CRYSTAL MODLIN AND CINDY CLEMENT



Child's full name / Age: \_\_\_\_\_

My son / daughter has food allergies: ( yes / no ) \_\_\_\_\_  
They are:  
\_\_\_\_\_

I give the camp medical staff permission to administer the following over-the-counter medications, should the need arise, while my child is at Kids Camp.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

Please check off the medications that are approved and sign below:

- Advil (Ibuprofen)                               Allergy tabs(Antihistamine)
- Anti-itch cream(Benadryl/hydrocortisone)     Calamine Lotion
- Tums
- Triple antibiotic ointment (e.g. Neosporin)
- Tylenol (Acetaminophen)
- Please call me before giving my child any over the counter medications.

My phone number is \_\_\_\_\_

**Please remember that no medication can be kept in the cabins. If your child takes medication on a daily basis, please list below the medication, dosage, and what time of day the child receives this medication. Please send medication in a clear bag with the child's name on it.**

Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____

Please mail this completed form to:  
**JOE BELL P.O. BOX 550030, GASTONIA, NC 28055 704.718.1383**

**WORSHIP, POOL, CRAFTS,  
PAINTBALL, GIANT SWING,  
ZIPLINE, PUTT PUTT, GYM  
GAMES, GAGA BALL, FIELD  
GAMES, PRIZES, AIR  
CONDITIONING & MORE!!!**

# NC NAZARENE KIDS CAMP —



## “Heartbeat”

### NC Nazarene Kids Lice Check and Camp Activities Info / Waiver Sheet

*(please mail this signed form along with camper application & payment)*

Dear Parents, we want to avoid any health problems with lice & we will offer some new activities at the NC Nazarene Kids Camp. We believe they are safe, but we want you to be aware of them.

**Head Lice:** All campers must be checked thoroughly BEFORE you leave your church for evidence of head lice. It is impossible for us to check over 100 campers onsite upon arrival and it is very likely that by the time you travel to camp the head lice will have already spread to your other campers. It is a campground rule that no child is allowed at camp that has any evidence of head lice ( including nits ). Children with lice will be quarantined and sent home immediately ( at the parent / church’s expense and no refund can be offered ). For more in  check: <http://www.cdc.gov/lice/head/diagnosis.html>  Check box for yes.

All of these activities will be supervised by trained activities facilitators and staff. Please check the activity and sign the waiver giving permission to your child to participate in these activities.

- I have read the Lice Policy and will have my child checked for lice and I will not send them to camp if they do not pass the lice check test by a professional.  Check box for yes.
- Paintball guns ( Jr. Campers only ) / bb guns ( Primary campers )  Check box for yes.
- Zipline  Check box for yes.
- Climbing Wall  Check box for yes.
- Pool ( There will be a swimming test to go into the deep end )  Check box for yes.

I have read and agree with the NC Kids Camp Lice Policy and I give ( child’s name ) \_\_\_\_\_ permission to participate in the above checked activities.

Parent’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

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