

Kids Camp 2018

"Navigate"

July 29-Aug 2

WHAT IS KIDS CAMP?

Kids Camp is a special week designed for kids who are going into 3rd-6th grade. Camp is a great opportunity for kids to get out of their normal routine and spend some quality time getting to know and love God more.

We are excited to bring Steve and Stephen Jones as our camp pastors this year! The Joneses are a father/son duo on staff at Cornerstone. They will be teaching kids how to use the wisdom in the book of Proverbs to navigate life.

Kids Camp staff consists of adults, college students and high school students who attend Cornerstone or a Salt Network church. They apply for the position and are selected specifically for their maturity, talents, and contributions they will bring to our camp staff.

Parents can drop campers off at Hidden Acres on Sunday afternoon, July 29, between 4:00 and 5:00pm. Registration will be at Lodge 139 at Hidden Acres. Camp activities begin at 5:30pm with dinner for the campers and staff. Hidden Acres is located in Dayton, Iowa (north of Ogden). Take Highway 30 west to Ogden, exit at Ogden and head north. Drive through town and continue on P 70. Hidden Acres is approximately 14 miles north of Ogden. You will see a green "Hidden Acres Christian Center" sign on the right.

Parents are encouraged to join their campers for a final worship session at 10:30 a.m. on Thursday, August 2nd. If you are unable to attend the worship session, kids will need picked up at 11:30 a.m. Campers may ride home with friends or relatives if prior arrangements are made at registration on Sunday.

WHAT WILL HAPPEN AT KIDS CAMP?

Kids Camp is always a great week! Kids meet new friends, experience awesome worship and teaching, enjoy lots of camp activities and certainly leave camp with a deeper understanding of God and His plan for them. Each day will consist of Bible teaching and study, worship, crafts, recreation, a theme party, free time (swimming, THE BLOB, paddle boats, zip line, basketball, soccer, games, and the giant swing!). Waterfront activities will require a swim test.

THEME NIGHTS: Kids will need to come prepared to dress up for our theme party at camp! This year we will have a party each night, but only ONE of the parties will be a costume party. Costume and theme night details will be sent in an email.

CAN CAMPERS CALL HOME?

No phone calls will be made during the week. Parents can call the emergency number provided if they need to talk with campers. Letters to campers and staff (secretly dropped off at registration or mailed no later than FRIDAY, July 27) are HIGHLY encouraged, but please do not send any food or candy. Mail is an exciting event at camp. We will give out mail only once or twice at camp, so don't feel the need to send a letter for every day.

Camp Address:
Camper's Name – Cornerstone Church
C/O Hidden Acres
3837 Union Avenue
Dayton, IA 50530
Emergency Phone: Hidden Acres Camp (515.547.2751)
Jennie Chamberlain, Kids Camp Director (515.451.8753)

WHAT TO BRING...

Bible
Pen
Towel
Toiletries
Casual Clothes
Light Jacket
Tennis Shoes for recreation
Swimsuit (1 piece for girls or **MODEST** 2 piece tankini that covers the stomach)
Beach Towel
Sleeping Bag/Other Bedding/Pillow
Theme Night Props/Costumes
Spending Money (\$15-\$20) (Small bills are appreciated!)
Flashlight
Sunscreen and Bug Spray
Medicine – Must be checked in with camp nurse
Small Fan
White shirt, pillow case, etc. to tie-dye (optional)

CAN I BRING MY IPOD/CELL PHONE/DS/MP3 PLAYER?

NO! Electronic devices are not allowed. Campers will be too busy with the activities planned to play with any of these things.

OTHER ITEMS NOT TO BRING:

Spaghetti strap tops
Short shorts
See-through clothing
Magazines
More than \$40
Snacks, drinks (They attract bugs and critters to cabins!)

REGISTRATION INFORMATION

Cost: \$200 per camper if registered on or before July 8
Starting July 9 - Total Cost: \$220

Kids Camp Health Form

Please carefully read and complete this entire form.

PERSONAL INFO

Camper's Name: _____

Gender: _____ Birth Date: _____ Home Phone: _____

Address: _____ City: _____ State: _____

Primary Contact: _____ Contact Phone: _____

Alternate Phone: _____ Email: _____

EMERGENCY CONTACT: Please provide two **additional** people who can be contacted if you cannot be reached. We will assume you have spoken with these people and they are willing to assist should the need arise.

CONTACT 1

Name: _____

CONTACT 2

Name: _____

Primary Phone: _____

Relationship to Camper: _____

Primary Phone: _____

Relationship to Camper: _____

INSURANCE & CAREGIVER INFORMATION

INSURANCE

Insurance Provider: _____ Group Number: _____

CAREGIVER

Camper's Physician: _____ Office Phone: _____

Camper's Dentist: _____ Office Phone: _____

MEDICAL HISTORY

MEDICATIONS

Please provide complete medication information on the final page of this form. Bring enough medication to last the entire camp. Prescription medications **MUST** be in a pharmacy-labeled container with appropriate camper's name on it.

IMMUNIZATIONS

Please provide the month and year for each immunization.

Tetanus or last DPT: _____ MMR: _____

ALLERGIES

Camper has allergies to the following medication(s):

Please list any allergies this camper has. Describe the reaction and what is done to manage it:

GENERAL HISTORY

Circle the appropriate response for each statement.

Yes No This camper has had chicken pox or varicella vaccination.

Yes No This camper has had mononucleosis in the past twelve months.

Yes No This camper has a history of illness, injury, or surgery or a hospitalization in the last year that will affect participation.

If yes, please explain: _____

CHRONIC CONCERNS

Check below all that pertains to this camper and provide information about health care that supports the concern.

- Asthma
- Diabetes
- Anorexia, Bulimia, any other eating disorder
- Depression, ADD, ADHD, Oppositional Behavior Disorder
- Frequent Ear Infections
- Migraine Headaches
- Enuresis (bed-wetting)
- Any other chronic illness such as Crohn's Disease, anemia, seizures, Turrets

Supportive health care for each item checked above:

ADDITIONAL INFORMATION

Please provide any other information that would be helpful for us to know concerning this camper (e.g., sleepwalking, night terrors, etc.).

PARENTAL/GUARDIAN CONSENT

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

To the best of my knowledge, all information provided on this form is accurate and complete. The person herein described has my full permission to participate in all camp activities and is in good health. I hereby give my permission to the physician selected by the camp nurse to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp nurse to hospitalize, secure proper treatment, and order injections and/or anesthesia and/or surgery for the camper as named above. I also give permission for the camp nurse to administer over-the-counter medications to my child as needed. I understand that the camp nurse and/or director reserve(s) the right to send home a camper whose medical condition becomes unmanageable and places the camper or other campers at risk in the camp environment.

Parent/Guardian Signature: _____ Date: _____

Camper's Cabin Info to be completed by camp staff.

Camper's Full Name (last, first)	Cabin: Counselors:
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Medication Information

Please provide complete medication information below. Bring enough medication to last the entire camp. Prescription medications MUST be in a pharmacy-labeled container with appropriate camper's name on it.

Medication	Dosage	Time of Day	Reason for Medication