

NC Nazarene Kid's Camp

2018



“BRAND NEW UNIVERSITY”



Date: June 25th – 29th, 2018

Camp Speakers: Pastor Steve &

Pastor Janet Raeburn & family

Camper Application

Cost: \$200.00 by May 6th / \$225.00 from May 7th – June 10th /

\$250.00 after June 10th (including walk ins). ALL COSTS PAID IN FULL.

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

Primary Camp (Completed 1st-3rd Grade) Junior Camp (Completed 4th-6th 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)

T Shirt Size: Child’s S M L XL Adult S M L XL XX XXX _____

We request payments by church check. Make church checks payable to NC Nazarene Camp.

PARENT'S NAME _____ PHONE (HOME) _____ CELL _____

INSURANCE CARRIER _____ POLICY NUMBER _____

DOCTOR'S NAME _____ PHONE _____

Have or subject to: Asthma _____ Convulsions _____ Heart Trouble _____ Diabetes _____ Fainting _____

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: MONICA RAGAN 3300 Stoney Creek Drive, Clayton, NC 27520

**WORSHIP, POOL, CRAFTS, PAINTBALL GUNS, GIANT SWING, FIELD GAMES, ZIPLINE,
PUTT PUTT, GYM GAMES, GAGA BALL, AIR CONDITIONING AND MUCH MORE....**



NC Kids Camp Information Sheet

FEE REDUCTIONS: There will be a \$25.00 fee reduction for worker's children if worker application **submitted by APRIL 7TH**. Also, \$20.00 (one time) discount for sibling campers. All such applications should have a note to that effect.

FOR PARENTS

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



ARRIVAL AND DEPARTURE TIMES

Check in on Monday will be from 1:00 p.m. to 3:00 p.m. The first meal will be dinner.

Camp will end Friday around 1:00 pm following a heavy snack and children should be picked up no later than 1:30 pm.

ITEMS TO BRING

- Bible, Pen, Notebook, Flashlight
- Casual Clothing / Tennis Shoes / Sandals or Flip Flops / Swim Suit / Sunscreen
- Personal Grooming Items / Towel /Wash Cloth
- Sheets or Sleeping bag and pillow
- Medications (marked with name and in ziplock bag)

WHAT NOT TO BRING

- Cell Phone /Radio / IPOD / Electronics
- Knife / Fireworks / Video Games
- and / or anything you know you shouldn't.

Children's Camp Director:
Pastor Duncan Puckett 704.904.0854
dpuckett.pnaz@gmail.com

CHILD'S MEDICATION FORM (FOR OUR CAMP NURSE)
CRYSTAL MODLIN



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:

Monica Ragan
3300 Stoney Creek Drive
Clayton, NC 27520