



Spring 2017

Dear Campers, Parents & Church Leaders:

We are looking forward to celebrating our God's Great Big Back Yard this summer July 31<sup>st</sup> to August 4<sup>th</sup> at Rhodes Grove in Chambersburg, PA. You can check out their awesome facility here:

<http://www.rhodesgrove.com/>.

Our Speaker this year is the awesome, the amazing Pastor Tara Alton! Pastor Tara is Children's Pastor at The River and brings a lot of excitement and energy to her messages. She is retired from the military, married and has two wonderful kids. You won't want to miss her terrific sermons on God's Great Big Back Yard.

Now, here's what you need to make sure your child takes advantage of another fantastic year of camp:

Churches should bring all campers for registration to the Conference Center on Monday, July 31<sup>st</sup> at 2 pm; pick up time is Friday, August 4<sup>th</sup> at 12:30 pm. We are asking each local church to send at least ONE adult counselor with their group and an additional counselor for every SIX campers they send. We are working hard to have a FUN *and* SAFE camp environment and need the support of local churches to accomplish this.

We are offering an Early Bird discount of \$20 off per camper if you register by June 15. A late fee of \$20 will apply registrations received after July 15<sup>th</sup>.

For your family to get the most out of this experience, please continue to ask your child at home about what they learned at camp. Together, we can make a greater impact on your child's life than either of us could do alone.

Thank you again for allowing us the opportunity to partner with you as you encourage your child along his or her spiritual journey. We are looking forward to spending time with your child as we learn how to claim Jesus as our own personal Super Hero.

Serving Christ and loving His kids!

Pastor DeVona Cordell (717) 352-8490; email - [dlcordell1234@gmail.com](mailto:dlcordell1234@gmail.com)

Pastor Judy Carney (717) 576-7569; email - [jlcarney09@yahoo.com](mailto:jlcarney09@yahoo.com)

**Camper Registration  
MAD Kids' Camp  
Rhodes Grove, July 31<sup>st</sup> - August 4<sup>th</sup>, 2017**

Camper's Name \_\_\_\_\_ Grade completed \_\_\_\_\_  
(Last name) (First name)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Nickname \_\_\_\_\_  
(MM) (DD) (YY)

Home Address \_\_\_\_\_  
(Street, box, apt. etc.) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
(Area code & number) (Area code & number) (Area code & number)

Church Home \_\_\_\_\_

**Camp Attending - Please check one; cost of Camp is \$199:**

\_\_\_\_ Children's Camp - (Completed 2<sup>nd</sup> through 4<sup>th</sup> Grades)      \_\_\_\_ Pre-Teen Camp - (Completed 5<sup>th</sup> through 6<sup>th</sup> Grades)

**District Scholarship:**

\_\_\_\_\_ Church Scholarship of \$50 for children who have not attended camp before\* - (Cost \$149)

\*This scholarship is available to each camper of a church who did not send anyone to Camp within the last 5 years. District scholarship funding is limited. Please review all sources of scholarship money including your local church.

Method of Payment:    Check # \_\_\_\_\_ Money Order # \_\_\_\_\_

Amount Received (*Office Use Only*) \_\_\_\_\_ Method of Payment \_\_\_\_\_

If your child would like to room with another child in his/or her grade, please put the child's name below and we will do our best to put them in the same cabin. (*We will NOT put more than four campers from any one church in a cabin together.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us anything about your child that might help us make this week of camp a success: \_\_\_\_\_

Will your child require a deaf interpreter?    \_\_\_\_ yes    \_\_\_\_ no

Does your child have any special or physical needs? \_\_\_\_\_

My son/or daughter has my permission to attend the Mid-Atlantic District Children's & Pre-teen Camps held at Rhodes Grove Camp in Chambersburg, PA. My son/or daughter also has my permission to participate in all camp activities and to be taped or photographed for the camp video and photo day.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**Please send this Camper Registration form, the Medical and Emergency Treatment Form and payment to:**

**Rev. Judith Carney  
194 Rose Hill Drive, New Cumberland, PA 17070**

**Please make out the checks to: Nazarene Children's & Pre-teen Camps**

The deadline for registration for camp is July 15<sup>th</sup>, 2017; forms received after this date will be subject to a \$20 late fee.

**CAMPER Medical & Emergency Treatment Information Form**

**MAD Kids' Camp**

**Rhodes Grove Camp; July 31<sup>st</sup> - August 4<sup>th</sup>, 2017**

**Camper's Name** \_\_\_\_\_ **Boy** \_\_\_\_\_ **Girl** \_\_\_\_\_ **Birthday** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (MM) (DD) (YY)

**Home Address** \_\_\_\_\_  
(Street, box, apt. etc.) (City) (State) (Zip)

**Home Phone** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ (optional)  
(Area code & no.)

**Father/Guardian** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
(Area code & no.) (Area code & no.)

**Mother/Guardian** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
(Area code & no.) (Area code & no.)

**If parent or guardian cannot be reached, please call:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
(Relation) (Area code & no.)

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
(Relation) (Area code & no.)

**I give permission for** \_\_\_\_\_ **(my son/ daughter) to be given over-the-counter medications (such as):**

\_\_\_\_\_ **Acetaminophen (Tylenol)** \_\_\_\_\_ **Ibuprofen (Motrin)**

\_\_\_\_\_ **Antacid (Tums, Pepto-Bismol)** \_\_\_\_\_ **Benadryl**

\_\_\_\_\_ **Neo-sporin ointment**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If your answer to any of the following questions is "yes" please explain in the space provided:**

\_\_yes\_\_ **no** **Does your child have any allergies?** \_\_\_\_\_

\_\_yes\_\_ **no** **Epilepsy, convulsions, black-outs spells?** \_\_\_\_\_

\_\_yes\_\_ **no** **Allergies to insect bites?** \_\_\_\_\_

\_\_yes\_\_ **no** **Diabetes? If so, is it controlled by diet or medication?** \_\_\_\_\_

\_\_yes\_\_ **no** **My child is not up to date with his/her immunization shots.** \_\_\_\_\_

**If your child has had a tetanus shot, please provide the date of the latest shot:** \_\_\_\_\_

yes no Will your child be bringing medications to camp? If yes. . .

Please list medications \_\_\_\_\_

**Please send ALL prescription medications in the original bottle with the child's name on it.**  
**We are unable to accept medication that is not in its original container.**

I give permission for \_\_\_\_\_ (my son/daughter) to self-administer his/her own medication with supervision from the nurse.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Will your child require a deaf interpreter? yes no

Does your child have any special or physical needs? \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ (Please attach a copy of your card)

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

Group# \_\_\_\_\_ Effective Date \_\_\_\_\_

*In the event of an emergency, I give permission for the Nazarene District Children & Pre-Teen Camp Staff to transport my child to a local hospital for treatment or call for an ambulance. I understand that the staff will keep me informed in the event of an emergency.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The deadline for registration for camp is July 15<sup>th</sup>, 2017; please send in your forms & payment by this date.

**Parent/Guardian Information Sheet**  
**Mid- Atlantic District Church of the Nazarene Children's & Pre-teen Camp**

1. Children's Camp and Pre-Teen camp is **July 31<sup>st</sup> - August 4<sup>th</sup>, 2017** with the cost of **\$199**. Camper registrations should be postmarked by Friday, **July 15<sup>th</sup>, 2017** Please make out the checks to: **Nazarene Children's & Pre-teen Camps**. Send payment and forms to Rev. Judy Carney, 194 Rose Hill Dr., New Cumberland, PA 17070. If there is a financial need, **please check first with your local church for help!** If your local church is unable to help, then contact the camp coordinator. We don't want anyone to miss out on camp due to lack of funds. A \$20 Early Bird discount will be granted to anyone who turns in the application postmarked on or before June 15<sup>th</sup>. A \$20 Late fee will apply to anyone who turns in the application after the deadline (July 15<sup>th</sup>).
2. Check in time begins at 2:00 pm on Monday (**PLEASE do not arrive early!**) and check out is after the noon meal on Friday.
3. When campers check in they will:
  - A. Confirm registration, receive cabin assignments and pay any balances that are due.
  - B. Deposit spending money in the camp "bank". The counselors will keep the record of campers' money and they will be allowed to spend it in the camp store. It is recommended that kids bring **\$10** for the camp store. Campers will receive any money that is left over on the last day of camp.
  - C. Turn **ALL** medications in to the nurse.
  - D. Submit to head lice check.
  - E. Report to their assigned cabin and meet their counselor.**Driver should not leave the campground until each camper(s) has completed the above steps.**
4. The first meal is at 5:00 pm Monday and the last meal is at noon on the Friday of camp. If you would like to eat lunch with your child on the last day, notify one of the Registration Staff and pay the amount due for your meal.
5. Visits to the camp or phone calls are **NOT** encouraged during the week. Please feel free to write your child, campers love to get mail BUT send it the first day of camp to be sure it will be received it before your child leaves.

**Rhodes Grove Camp**  
**7693 Browns Mill Road**  
**Chambersburg, PA 17202**

6. In the event of an emergency, the camp number is **717-375-4162**. This number is the office number and will be available Monday through Friday, from 8 AM to 5 PM.
7. If a child has registered and paid and is unable to attend camp you may request a full refund up to Friday, July 27<sup>th</sup>. After that date, there will be no refunds.
8. If you have any questions, please contact the camp coordinator listed below.

**Camp Coordinators:**  
**Rev. DeVona L. Cordell**  
**(Home) 717-352-8490**  
**E-mail: [dlcordell1234@gmail.com](mailto:dlcordell1234@gmail.com)**  
**Rev. Judy Carney**  
**(Cell) 717-576-7569**  
**E-mail: [jlcarney09@yahoo.com](mailto:jlcarney09@yahoo.com)**

## **WHAT TO BRING & NOT BRING TO CAMP:**

**DO BRING:** Bible, pencil and paper, sleeping bag, or bedding for a single bed, pillow, towels, wash cloths, toothbrush, toothpaste, soap, other personal items, sweater/ sweatshirt/ jacket for cold or wet weather, long pants for hiking and evening campfires, lots of shorts and t-shirts, flashlight, modest swimwear (one piece suits for girls), a change of shoes, plastic bag for dirty/wet clothes coming home and money for the camp store (\$10 recommended). **PLEASE LABEL ALL OF YOUR CAMPERS' BELONGINGS.**

**MAY BRING:** Inexpensive cameras and film, insect repellent, sunblock.

**DO NOT BRING:** TV's, ipods/mp3 players, electronic video games, cell phones, fireworks, shaving cream, candy, toys. We are not responsible for lost, damaged or stolen items so please leave valuable items at home.

**NOTE:** Parents please mark your child's possessions! Also, talk to your child about taking special care of all items and clothing. Unclaimed, unmarked items left at camp will not be returned.

### **A Reminder of our Emergency Procedures**

1. We will call your home phone/cell number.
2. If there is no answer, we will call the work numbers until someone is reached.
3. If we do not reach you at home or work, we will then call the other contact persons listed.
4. If we do not reach anyone at the above numbers, we will transport or if necessary call an ambulance to take the camper to a local medical facility.
5. Based on the medical judgment of the attending physician, the camper will be treated and if necessary admitted to a local medical facility.