

CALVARY CHAPEL KIDS CAMP

Date: June 26-30, 2017

Cost: \$295

WHAT & WHERE is Junior Camp?

Camp is a time to build relationships, enjoy God's beautiful creation, learn of Him and His wonder, but most importantly, to point the children to Jesus. It is a time in which we will watch our Lord change lives, right before our eyes. We will see lives change from no hope to hope, from anger to peace and joy. It is a time in which God works. Why does so much go on at camp, spiritually speaking? There is no TV, no music, nothing to distract us from our purpose of seeking Him who created us. The campground is "Calvary Chapel Christian Camp" and is located near Green Valley Lake, off Highway 18 in the San Bernardino Mountains, about 4 miles from Lake Arrowhead.

To watch a short VIDEO from last year's camp go to: <https://youtu.be/pFCNX5diMsk>

WHO is Junior Camp for?

For children going into **4th, 5th, and 6th** grades
in Fall of 2017

A Typical Day at Junior Camp Includes:

- Wake up early for devotions
- Proceed to breakfast, clean cabin
- Bible study time #1
- Activity time
- Lunch time
- Activity time
- Bible study time #2
- Dinner time
- Free time
- Chapel for the evening program
- Back to cabin for bedtime



Theme & Bible Study: **"Faith: Pleasing God"**

"And without faith it is impossible to please Him," Heb 11:6

Past Camp Activities:

Archery, Basketball, Baseball, Crafts, Euro Bungy, 2-Person Swing, Hiking, Lake w/ Giant Water Slide, Swimming Pool, Zip Line, Rec Hall (Snack Bar, Ping Pong, Pool, Air Hockey, Foosball, etc.).



Date & Time:

LEAVE: We leave for camp on **Monday, June 26th** at **8:45 am.**

RETURN: We return from camp on **Friday, June 30th** around **4:00 pm.**

Payment:

Please make check payable to **"Calvary Chapel Bible Fellowship."**

The cost for one camper to attend is **\$295.** * * * * **Please include color photo**





WHAT TO BRING

Here is a suggested checklist of what to pack.

PLEASE MARK ALL OF YOUR BELONGINGS!



- PILLOW
- ★ BIBLE 
- PAJAMAS
- ★ PEN OR PENCIL 
(Also Colored Pencils)
- TOWELS
(BATH & SWIM)
- WASHCLOTH
- FLASHLIGHT 
(W/ NEW BATTERIES)
- SOAP / SHAMPOO
- JACKET & SWEATSHIRT
- SUNSCREEN 
- TENNIS SHOES
- LONG PANTS
- T-SHIRTS
- CAMERA 

- TOOTHBRUSH 
- TOOTHPASTE
- ROLL-ON BUG REPELLENT
- HAT OR CAP
- SLEEPING BAG 
- UNDERWEAR
- SHORTS
- SWIMSUITS (MODEST)

(Girls: The campground will only allow 1-piece swimsuits or a dark colored long t-shirt over 2-piece swimsuits.)

- ★ CANTEEN / WATER BOTTLE 
- SUNGLASSES 
- DEODORANT
- ★ CHAPSTICK 
- SOCKS
- BRUSH / COMB



Warning: any type of perfume or cologne can attract bees, wasps, yellow jackets, etc.



CAMPERS ARE NOT ALLOWED TO HAVE ELECTRONIC DEVICES SUCH AS:

Hand-held video games, cell phones, iPods, MP3 players, etc. If this policy is not followed, the device will be removed until the end of the camp.



DO NOT bring **FOOD** or **CANDY** to camp. The campground will not allow it in the cabins due to wildlife activity at the campground.

Spending \$:

Please bring only  1's and  5's.
The campers will have access to the snack bar & camp store.



PARENTS - MAKE SURE TO KEEP THIS INFORMATION



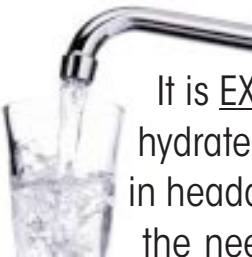
PACKING YOUR GEAR:

If you don't have a suitcase, please pack your gear in a flexible, crushable storage bag (pillow case, laundry bag, duffle bag, etc.) Please limit yourself to (1) clothing container. It would be good to pack your pillow inside your sleeping bag. Many sleeping bags look alike. MARK THEM WELL!



MARKING CLOTHING & PERSONAL PROPERTY:

Please mark ALL personal property, using permanent marking ink with camper's NAME and TELEPHONE NUMBER. (If items are not marked, it may result in lost items.)



HYDRATING BEFORE CAMP:

It is EXTREMELY important to start the week BEFORE camp to get your child well hydrated for camp. High altitude sickness is a real problem at camp resulting in headaches and vomiting. In high altitudes, blood vessels dilate which increases the need for a lot more water for the increased blood volume. Please start today to diligently increase your child's intake of water. This will help to make your child's camp experience a blessing.

MEALS:

All meals are carefully planned and prepared, ensuring good flavor and proper nutrition. Seconds are available.



CAMP PHONE:

Camp visits and telephone calls are not encouraged except in an emergency. Homesickness frequently occurs after telephone calls or visits. Every effort is made to ensure that the young people are comfortable and happy. In an emergency, please call the church office at (951) 699-9207.



CAMP NAME AND LOCATION:

CALVARY CHAPEL CHRISTIAN CAMP is located near Green Valley Lake, off Highway 18 in the San Bernardino Mountains, about 4 miles from Lake Arrowhead.

Address: P.O. Box 8560, 32355 Green Valley Lake Rd., Green Valley Lake, CA 92341

Website: www.calvarychapelcamp.com.



HOMESICKNESS:

This is our #1 problem at camp. For many campers this is their first experience away from home. Therefore, we ask that you refrain from calling the camp.

PLEASE READ CAREFULLY:

For many of our campers this will be the first time away from home, so the first couple of days can be a sensitive time. Our camp schedule is designed to be very busy the first few days to help campers keep their minds off home.

When phone calls come into camp, this defeats our purpose and campers start thinking again about home.

Our policy is to do our best to help campers get through this period of time. If, by the middle of camp, we feel the camper is not going to get through homesickness, we will attempt to make contact with the parents to discuss the situation and the possible pick-up of the camper by the parents.

This is the reason that we ask that phone contact not be made.

Thank you for your understanding.

Church you attend: _____

OFFICE USE ONLY	
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash \$ _____





Date: June 26-30, 2017 **Cost: \$295**

Camper's Name: _____ Male Female

Camper's Age: _____ Date of Birth ____/____/____ Grade (In Fall '17) _____

Address: _____ City: _____ Zip: _____

Father's Name: _____	
	Home () _____
	Cell () _____
	Work () _____

Mother's Name: _____	
	Home () _____
	Cell () _____
	Work () _____

IN CASE OF EMERGENCY NOTIFY: FATHER / MOTHER (circle one or both). *If neither, fill in below.*

Name: _____		Home () _____
Relationship: _____		Cell () _____
		Work () _____

Family Doctor: _____ Phone #: () _____

Address: _____ City: _____ Zip: _____

Insurance Carrier: _____ Policy #: _____

Are there any physical or medical conditions or restrictions? Yes No

If Yes, please explain and indicate nature and extent: _____

Any medications brought to camp? Yes No

Please list any medication that your child will need to have while at camp:

Medication:	Dosage:	When Taken:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER, LABELED, AND WITH SPECIFIC WRITTEN DISPENSING INSTRUCTIONS BY A PARENT, LEGAL GUARDIAN OR LICENSED MEDICAL DOCTOR.

OVER →

HEALTH HISTORY:

PLEASE FILL OUT COMPLETELY. CHECK AND GIVE APPROXIMATE DATES IF POSSIBLE.

Frequent Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Heart Defect/Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___

Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Insect Stings (allergic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Penicillin (allergic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Bleeding-Clotting Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___

Has your child been exposed to any communicable diseases? Yes No DATE ___/___/___
Explain: _____

Has your child experienced any of the following?

Bed Wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___

Operations/Serious Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Explain: _____		
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___
German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ___/___/___

Is your child allergic to any medications? Yes No WHAT? _____
Does your child have any food allergies? Yes No WHAT? _____

May your child be given aspirin or the equivalent? Yes No
May your child be given Advil or the equivalent? Yes No
May your child be given Tylenol or the equivalent? Yes No
May your child be given Pepto Bismol or the equivalent? Yes No
May your child be given Sudafed or the equivalent? Yes No
May your child be given Benadryl or the equivalent? Yes No

Date of last Tetanus shot? MONTH _____ YEAR _____

If you do not have the date of the last Tetanus shot please check one of the following options.
CURRENT NEVER

MEDICATIONS:

If you must send any medications, put them in a zip-loc bag with the name and instructions on it (please keep them in their original containers). All medication must be given to the camp counselor at check-in.

Unless restrictions/allergies are noted above, I authorize the camp director, or anyone he/she deems responsible such as a R.N., EMT, or Paramedic, etc. to give my child common remedies such as Tylenol, cough medicine, etc. in dosages appropriate for his/her age in the event of minor illness (such as a cold or headache) and to clean and bandage or wrap wounds as necessary in the event of a minor injury (such as scrapes, sprains, abrasions, and /or small cuts, etc.).

The health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and/or my physician. I hereby give permission to the physician selected by the youth pastor (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injections and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the scheduled program with Calvary Chapel of Costa Mesa, Calvary Chapel Christian Camp, & Calvary Chapel Bible Fellowship unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel of Costa Mesa, its board of directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said minor.

Signature of Parent/Legal Guardian

_____/_____/_____
Date of Signature

2nd Signature of Parent/Legal Guardian (if needed)

_____/_____/_____
Date of Signature