

Illinois District Church of the Nazarene

2024 Children's Camp

July 15 - 19 (Monday 10:00 AM - Friday, 12:30 PM)

(Recommended for children entering 3rd - 7th grade in fall)

**** Those entering 2nd grade may attend if accompanied by a counselor****

PASSION CHURCH CAMPUS

4225 Camp Warren Ln, Decatur IL 62521

CAMP DIRECTORS: DEBBIE BREWER and LORI WORKMAN

CAMP SPEAKER: ANITA SHOTTS

CAMP ACTIVITIES MAY INCLUDE: Canoeing, Paddle boating, Fishing, Zipline, Swimming, Bon-fire

Registration begins at 10:00 AM on Monday, July 15, 2024 (Lunch is served that day)

Camp concludes at 12:30 PM on Friday, July 19, 2024

(Lunch is served that day)

CAMP COST

Early Registration materials postmarked by May 31, 2024 - \$230/camper

Postmarked June 1 - June 24, 2024 - \$260/camper.

Counselor/Workers must be approved by pastor and camp director.

Counselor/Worker cost is \$100/person.

Registration DEADLINE must be postmarked by June 24, 2024

Registration includes money for t-shirt and Snack Shack.

LICE/NIT POLICY

Churches will be responsible for initiating a lice check no earlier than 24 hours prior to camp.

Forms are available online. We have a no lice/nit policy.

HOW TO REGISTER

- Fill out the attached forms after reading all the information.
- Turn in your completed and signed registration forms to your local church. Local church will mail.
- **Parents**, please make all checks payable to the local church.
- **Churches**, please make one check payable to IL District Church of the Nazarene.
- The local Nazarene church then mails all camp registration forms and payment to:

Debbie Brewer

8201 Old St. Louis Road

Belleville, IL 62223

Do NOT lose these pages! You will need them when packing for camp!

Location of camp: PASSION CHURCH CAMPUS, 4225 Camp Warren Lane, Decatur, IL 62521

Campground Phone Number in case of emergency: (217) 864-3263

BASIC CAMP RULES

1. Respect yourself, respect others, and respect the campground.
2. Use language that is appropriate and respectful to all.
3. Take care of the campground. Campers and their parents will be responsible for the cost of repairs for any damage to the property or facilities.
4. Dress modestly. Remember that we are representing Christ.
5. Be in your designated, scheduled area. Male and female campers or counselors are not allowed in each other's rooms.
6. **DO NOT BRING** cell phones, alcohol, tobacco products, weapons, knives, or electronic devices (iPods, iPads, laptops, MP3's, etc.)
7. All medication **MUST** be given to the camp nurse at registration. (Please send medications in the original container with detailed pharmacist instructions.)
8. Serious infractions of rules may result in the camper going home.
9. No one other than registered campers, counselors, and camp personnel are allowed on the camp grounds at any time without special permission from the camp director.

WHAT TO BRING TO CAMP

- A Bible (please check on application if you do not have one)
- Casual/play clothes including a light jacket or sweatshirt
- Personal items (toothbrush, soap, deodorant, etc.)
- Pillow and sleeping bag (or twin bedding)
- Tennis shoes and socks are a must!!
- Beach shoes (water shoes or flip flops)
- Towels and wash cloths
- Sunscreen, beach towel and swim suit (Female: 1 piece suit, tankini, or colored shirt covering a bikini); Male: swimming trunks or cut-off jeans)
- Flashlight, ball glove, or insect repellent (all optional)

ADDITIONAL INFORMATION:

- **Inhalers and Epi-Pens** ONLY these medications will be given to your camper's counselor so they are readily available to your camper if needed. These items **MUST** be checked in with the camp nurse and will be distributed by the camp nurse following registration.
- **Camp Mail:** Campers love getting mail! Mail your letter by Monday to ensure delivery! SEND TO: PASSION CHURCH - ATTN: IL District Children's Camp, Camper's Name 4225 Camp Warren Lane Decatur, IL 62521

ILLINOIS DISTRICT CHILDREN'S CAMP REGISTRATION FORM

Camp Directors: Debbie Brewer & Lori Workman

Camper's Full Name: _____ Preferred nick name _____

Date of birth: _____ Grade entering fall _____ Gender: M _____ F _____

Mailing address: _____ City: _____ Zip: _____

Home Phone: _____ Parent email: _____

Parent(s)/Guardian(s) full name(s): _____

Mother's cell phone: _____ Work Phone: _____

Father's cell phone: _____ Work Phone: _____

Local Church: _____ Camper agrees to attached rules (initial) _____

_____ **My child does not have a Bible to bring to camp.**

CAMP MATE PREFERENCE

Cabin Mate's Name _____

Cabin Mate's Church _____

T-SHIRT ORDER

_____ YS (6-8) _____ YM (10-12) _____ YL (14-16) _____ YXL (18-20)

_____ Adult SM _____ Adult Med _____ Adult L _____ Adult XL

_____ EARLY BIRD REGISTRATION FORM MUST BE POSTMARKED BY MAY 31, 2024 \$230/CAMPER

_____ REGISTRATION DEADLINE POSTMARKED BY JUNE 24, 2024, \$260/CAMPER

EMERGENCY/MEDICAL INFORMATION

Emergency Contact Name: _____

(Parents are contacted first in the event of an emergency. The name above should be an additional contact)

Relationship to Camper: _____ Cell # _____ Home # _____

Physician Name: _____ Physician's phone: _____

Medical Insurance Carrier: _____

Policy Number: _____

List any allergies (i.e. bee stings, medications) _____

List any activity or swimming restrictions _____

Date of last tetanus shot _____

Is your child taking any type of medication? Yes ___ No ___ If yes, you MUST return medication form.

Please check any of these medications that the nurse may administer if warranted:

_____ Tylenol _____ Ibuprofen _____ Benadryl _____ Pepto - Bismol

PARENT/GUARDIAN PERMISSION STATEMENT

I, _____ (name of parent or legal guardian), grant my permission for _____ (name of camper) to attend Summer Children's Camp at Passion Church Campus, Decatur, IL. I acknowledge that in addition to normal camp activities, my child may be transported, if needed, in local church or chaperone vehicles. In the unlikely event of an emergency involving this minor, I hereby authorize the adult chaperones of the camp to act on my behalf to consent to any examination, x-ray, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist. I understand that I will be notified as soon as possible of such an event. I also authorize the camp nurse to render necessary routine first aid and medical care as required. While I understand that all reasonable care will be exercised for the general well-being of this minor, I also understand and assume risks inherent with these camp activities, and release the camp, its staff, its Boards and Representatives, from responsibility for any illness or injury sustained by this minor in this camp. I also give permission for my child's picture (video or photograph) to be used for publicity purposes on printed or internet publications.

Parent/Guardian Signature _____ Date _____

MEDICATION FORM

If prescription medications must be given during camp, this form must be completed. (Please feel free to duplicate if needed.)

Name of Medication: _____

Dosage of Medication: _____

Route (oral, topical, etc): _____

Time(s) and Days to be given: _____

Condition/illness requiring medication: _____

Possible side effects, if any: _____

Name of Medication: _____

Dosage of Medication: _____

Route (oral, topical, etc): _____

Time(s) and Days to be given: _____

Condition/illness requiring medication: _____

Possible side effects, if any: _____

Name of Medication: _____

Dosage of Medication: _____

Route (oral, topical, etc): _____

Time(s) and Days to be given: _____

Condition/illness requiring medication: _____

Possible side effects, if any: _____

Parent/Guardian Signature: _____ Date: _____

Reminders: Medications MUST be in the original labeled container and taken directly to the camp nurse by the parent or representative. Parent/guardian must provide specific instructions, as well as the medication and related equipment to the camp nurse. If medication changes occur prior to camp, please send a NEW form to be given to the camp nurse at registration. If you have any additional information regarding your camper that you feel the camp nurse or director needs to be aware of, please indicate on an additional sheet of paper.

Lice/Nit Check Form
Illinois District Children's Camp

_____ All campers from our church who are attending Illinois District Children's Camp have been checked and confirmed to be lice/nit free.

_____ All of the counselors/workers representing our church who are attending Illinois District Children's Camp have been checked and confirmed to be lice/nit free.

Church Name: _____

Please print the name of the person checking for lice/nit. _____

Signature: _____ Date: _____

Phone number: _____

Children's Camp Counselor/Worker Application

July 15-19, 2024

Monday 10:00 AM - Friday, 12:30 PM

Counselors must be 18 and complete background check. Workers must be in high school and submit parental form.

Name of Applicant: _____ Counselor Worker

The cost is \$100 for each counselor or worker. It is strongly suggested that the church cover the cost of counselors for their campers.

Contact information:

Email address: _____

Address: _____

Primary Phone: _____

Church you attend: _____

Emergency contact person: _____

Cell number: _____

Share a brief testimony and why you would like to work at children's camp.

You must complete the background check information at [Registration \(ministryopportunities.org\)](https://ministryopportunities.org) or follow the link on the district web site under the Church Resources link.

Please give us your t-shirt size: _____ Small _____ Medium _____ Large _____ XLarge _____ XXLarge _____ XXXLarge

Applicant's Signature: _____ Date: _____

Pastor's Recommendation: I approve the above person to serve as a camp counselor or worker for Illinois District Children's Camp, July 15-19, 2024. This person is actively involved in the ministry of the church, exemplifies Christ and works well with children.

Print Pastor's name: _____

Pastor's Signature: _____ Date: _____

Pastor's Cell Number: _____ Church Number: _____

WORKER'S PARENTAL CONSENT FORM

Name of Worker: _____

Date of Birth: _____

PERMISSION:

Parent or Guardian of staff under 18: I hereby give my permission for my child to leave the location of the event provided the Director gives permission. I waive any and all claims against the Illinois District Church of the Nazarene and any of its Boards or Representatives for any injuries to my child that they may incur while on camp grounds or away from the location of the event or being transported to and from the location of the event.

In case of medical emergency, I hereby give permission to the physician(s) contacted by the camp to hospitalize and secure treatment for my child (named as worker) including ordering injections, anesthesia, surgery, etc. I also give permission to the Camp Nurse to administer Tylenol and/or cough medicine if required.

Emergency Contact Name: _____

(Parents are contacted first in the event of an emergency. The name above should be an additional contact)

Relationship to Camper: _____ Cell #: _____ Home # _____

Physician Name: _____ Physician's phone: _____

Medical Insurance Carrier: _____

Policy Number: _____

List any allergies (i.e. bee stings, medications):

List any activity or swimming restrictions: _____

Date of last tetanus shot: _____

Is your child taking any type of medication? _____ Yes _____ No If yes, you MUST return medication form.

Please check any of these medications that the nurse may administer if warranted:

_____ Tylenol _____ Ibuprofen _____ Benadryl _____ Pepto - Bismol

Parent/Guardian Signature: _____

Date ____/____/____

Parent/Guardian Phone Number: _____