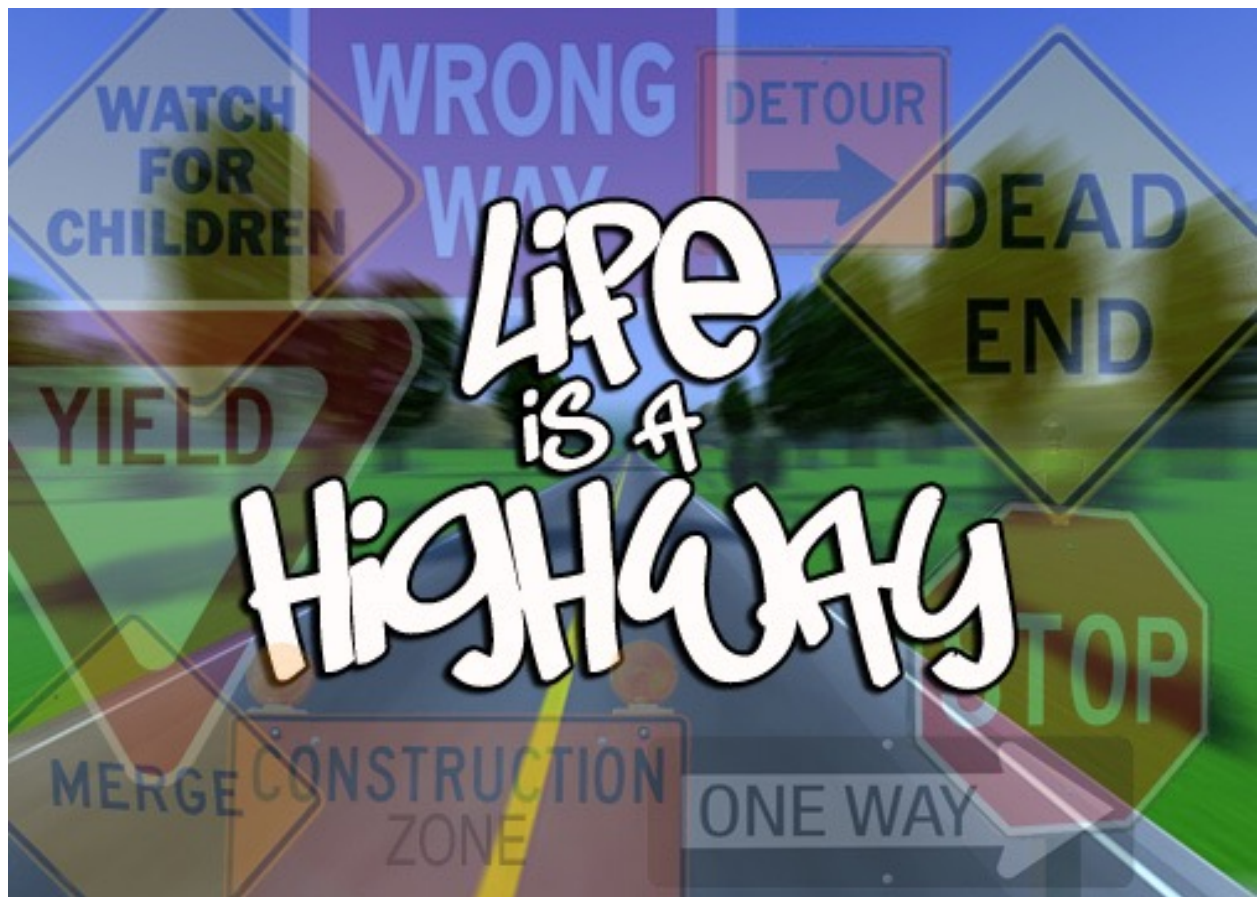


4th - 6th Grade Students

Preteen Retreat

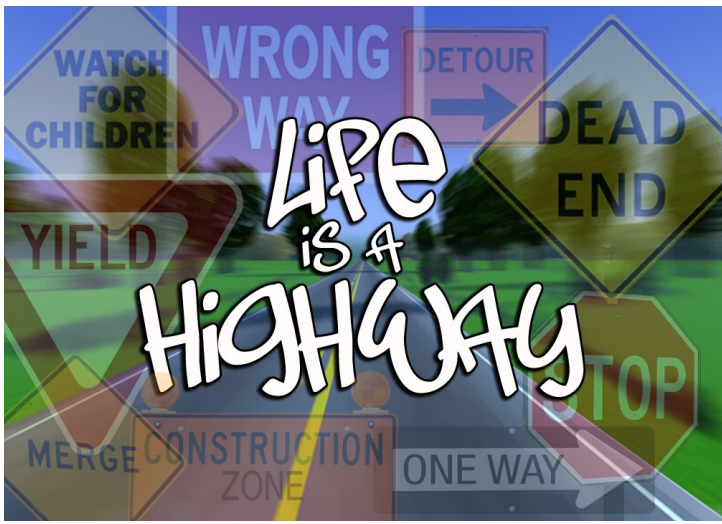
Rock Wall - Games - Team Challenge



Praise & Worship - Chapel - Fellowship

John 14: 6

@ Shiloh Park - November 10 - 12, 2017



NEI, NWI, & INDY NAZARENE

Preteen Retreat 4th - 6th graders

Shiloh Park Retreat & Conference Center
Marion, Indiana

Date: November 10-12, 2017

Price: Early Bird Registration: **\$75** (postmarked on or before 10/10/17)

Regular Registration: **\$95** (postmarked on or before 10/27/17)

NO LATE REGISTRATIONS will be accepted without permission from the director.

Packing Information:

What to bring:

- water bottle (with campers name on it) or a case of bottled water
- bedding and pillow (sleeping bag or twin sized bedding)
- bath towels and wash clothes
- sunscreen and bug spray
- casual clothes (1-2 outfits per day)
- warm jacket
- 2 pairs of shoes: gym shoes and flip flops or water shoes
- Bible and pen or pencil
- camera if desired
- missions offering
- medications in their original containers (not expired)

What NOT to bring:

- electronic games
- audio and video players
- cell phones

Camp Information:

NEI, NWI, and Indy Nazarene
Preteen Retreat for 4th - 6th
graders

November 10 - 12, 2017

Check In: 6:00 p.m.

Check Out: 2:00 p.m.

Camp Address:

Shiloh Park
1734 S. 350 E. Marion, IN 46953

Special Needs: Children with special needs are **welcome** to attend with a caregiver. If your child receives daily one-on-one assistance at school, they will need a caregiver. All caregivers will need to fill out the "Counselor Application" and complete requirements of counselors.

Head lice inspections:

Please have your child inspected for head lice within 24 hours of coming to camp by a licensed cosmetologist or medical personnel. Your child should bring a signed statement that they do not have any evidence of lice, nits, or eggs.

Temperature requirement:

Your child's temperature will be taken upon arrival at camp. We cannot host a child who's temperature is over 100 degrees.

Special Instructions from our home church:

Camper's Personal Information for Preteen Retreat @ Shiloh Park on November 10-12, 2017

Child's Full Name _____ Birthdate ____/____/____ Gender M or F Grade (2017-2018) _____
Address _____ City, State and Zip Code _____

Emergency Contact Information

Parent / Guardian Name _____ Phone _____ Relationship to child _____

Parent / Guardian Name _____ Phone _____ Relationship to child _____

Please list at least two additional contacts in case we are unable to reach those listed above.

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Home Church _____ Roommate Preference: _____

Campers WILL be released to ride home in your **home church van or bus** if provided. If your camper will NOT be riding home in a vehicle provided by your church, please provide the name of the AUTHORIZED PICK UP PERSON: _____

(Please call the director @ 765-432-8946 to make changes)

Camper's Medical Information

Allergies: _____ I give permission for my child to be given: ___Tylenol ___Ibuprofen ___Benadryl

Family Doctor _____ Phone _____ Date of Last Tetanus Shot _____

Medical Insurance Carrier _____ Number _____ Name of Insured _____

Medications: Please list all medication used. Please include inhalers and epi pens. (Attach list of additional meds using same format.)

Name of Medication _____
Strength and frequency _____
Reason for Medication _____
Special instructions _____

Name of Medication _____
Strength and frequency _____
Reason for Medication _____
Special instructions _____

Are there any medical conditions that our staff should be aware of when caring for your child?

Is there anything else that we should know about your child to best care for him/her?

Special Needs: Children with special needs are **welcome** to attend with a caregiver. If your child receives daily one-on-one assistance at school, they will need a caregiver. All caregivers will need to fill out the "Counselor Application" and complete requirements of counselors.

Head lice inspections: Please have your child inspected for head lice within 24 hours of coming to camp by a licensed cosmetologist or medical personnel. Your child should bring a signed statement that they do not have any evidence of lice, nits, or eggs.

Temperature requirement: Your child's temperature will be taken upon arrival at camp. We cannot host a child who's temperature over 100 degrees.

I, _____, give the staff of Shiloh Park and the NEI/NWI/INDY Children's Camp permission to give basic medical first aid and emergency medical or dental treatment if needed; and to give medications as directed to my child, _____ . I give permission for my child to be picked up at the close of camp by the Home Church listed and the authorized pick up person listed. I give consent for my child to be photographed (for use in communications & marketing materials). I give permission for my child to participate in the climbing tower and water activities. (Life jackets are available for young swimmers and for non- swimmers)

Parent Signature _____ Date _____

Note to Church Staff:

Mail the following items by **Oct. 10, 2017** for the **early bird rate** of \$75 or **Oct. 27, 2017** for the **regular rate** of \$95 to :

Pastor Kraig Hannah, 1734 S. 350 E. Marion, IN 46953

1. All campers' registration forms from your church
2. Full payment for all campers with one check from the church (no personal checks) made payable to NEI SDMI.
3. All counselor and CIT application forms (at least 1 adult per 7 children is requested).

Late forms will not be accepted without the prior permission of the camp director.

Director:

Kraig Hannah, 765-432-8946

Please give camper's parent / guardian a copy of the camp & packing information.