

CAMP MITCHELL SUMMER CAMP 2008

Please complete and mail to Katie McDonald, Summer Program Director, P.O. Box 164668, Little Rock AR 72216

While at camp, your child will be living in a cabin with several other campers of similar age. They will be supervised by a well-trained, high school or college age counselor who has been selected for his or her maturity, integrity, sensitivity, and spiritual commitment to Jesus Christ. It is our desire to help your child develop spiritually, physically, and socially while at Camp Mitchell. Your cooperation in completing this form will help your child's counselor prepare to provide the needed encouragement and opportunities to make this camping experience as meaningful and productive as possible. If there are areas of concern that you feel are too sensitive or confidential to disclose, you may speak personally with the counselor or summer camp director when you bring your child to camp.

Please read this registration form in its entirety. Please fill out all areas completely. We cannot provide for your child adequately if we do not receive all pertinent information.

PLEASE PRINT CLEARLY

Camper's Name (please provide any nicknames) _____

Date of Birth ___/___/___ Age _____ Gender: M F Grade completed spring 2008 _____

Session You Would Like Your Child to Attend _____

(Second Choice if the Camp is full) _____

Mother/Guardian's Name _____ Spouse _____

Father/Guardian's Name _____ Spouse _____

Address _____ City _____ Zip Code _____

Home Phone _____ Alternate Phone Number _____

Mother's Work _____ (ok to call? ___ YES ___ NO)

Father's Work _____ (ok to call? ___ YES ___ NO)

Mother's Cell Phone _____ Pager/Beeper _____

Father's Cell Phone _____ Pager/Beeper _____

Mother's Email _____ work _____

Father's Email _____ work _____

Parent Marital Status _____ Married _____ Separated _____ Divorced _____ Widowed

EMERGENCY CONTACT INFORMATION

Name _____ Relation to Camper _____

Home Phone _____ Cell Phone _____

Work Phone _____

Camper T-Shirt Size (Please Circle)

Adult Small Adult Medium Adult X-Large Adult XX-Large Adult XXX-Large

Youth Small Youth Medium Youth Large

Congregation/Church Affiliation/Religious Preference _____

Will your child have a birthday while at camp? NO _____ YES _____

Please send an original school photograph or a picture taken with a camera. Faxed pictures and photocopied pictures do not come out well. Our intention for this is to not only have picture of each camper so the staff will recognize them. Incomplete applications may be returned.

2008 Camp Mitchell
MEDICAL FORM

This medical form must be completed and signed by a doctor. The medical form should be turned in with the application if at all possible, but it **MUST** be turned in no later than 7 days prior to the opening day of camp. We must have the medical form on file for every camper.

Child's Name _____ Session _____

Birth Date: _____ Sex: _____ SS#: _____

Insurance Company: _____ Policy #: _____

Address & Phone: _____

List any allergies to and treatments required:

DRUGS:

PLANTS:

FOOD:

INSECTS:

Give camper's allergic responses to the above (e.g. requires Epinephrine) _____

Chronic or Recurring Illnesses/Treatment: _____

Behavioral Disorders and prescribed medication: _____

(Prescribed medications must be in an original pharmacy container with the correct name, date, instructions and physician's name on the label).

Medications being sent with camper: _____

Camp Mitchell does not give Aspirin to any Child. Are there any over the counter oral, topical or instilled medications that the camper cannot or should not receive should any minor symptoms develop?

Female only: Menstruated? Yes No If yes, is her menstrual history normal? Yes No
If she has not menstruated yet, has she been prepared for it? Yes No

STATE LAW REQUIRES ACTUAL DATE (month, day, year) OF IMMUNIZATION. CAMPER WILL NOT BE ADMITTED WITHOUT DATES! LIST DATES HERE OR ATTACH A COPY OF THE CHILD'S SHOT RECORD WHICH INDICATES THE FOLLOWING:

DTP Series: _____ Booster: _____ Booster: _____

Polio OPV (Sabin): _____ Booster: _____

Tetanus Booster: _____

MMR Series: _____ Booster: _____ HIB: _____

Tuberculin Test: _____ Hepatitis B: _____ / _____

IMPORTANT: PLEASE NOTIFY THE CAMP IF THIS CAMPER IS OR HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO CAMP ATTENDANCE.

RECOMMENDATIONS AND RESTRICTIONS

List any medications your child may need to receive during the camp and its purpose:

_____ Dose/Time _____

_____ Dose/Time _____

Special Dietary Needs: _____ Vegetarian _____ Vegan _____ Allergy (please list)

Concerns about Strenuous Activity:

Concerns about Fears:

I hereby certify that all the information contained in this Medical Form is up to date and correct:

Physician Signature Clinic Phone Number

Parent/Guardian Signature Date

Please Note: It is extremely important that we have the most accurate information pertaining to not only physical condition, but also to mental growth as well.

Please use additional paper to give us all the pertinent information that you can. By doing so, you will help us care for your child in every way possible.

CAMP MITCHELL 2008

GENERAL INFORMATION

(Please keep this page to help prepare for camp and as a resource during camp)

Dear Camper and Parents,

Enclosed you will find your application and medical form for the 2008 Camp Mitchell Summer Camp Program. This year we have some really wonderful plans for the summer and hope that you can be a part of Camp Mitchell 2008!

Camp Mitchell 2008 Schedule

Camp cost \$295

*Camps are \$300

June 3-6	Staff Training
June 8-13	Senior High Camp (grades 9-12)
June 15-20	Primary Camp (grades 1-3)
June 22-26	Robert R. Brown I *
July 29-July 3	Robert R. Brown II *
July 6-11	Middler I (completed grades 3-5)
July 13-18	Junior High I (completed grades 6-9)
July 20-25	Dick Johnston Camp for Kids of Incarcerated Parents*
July 27-August 1	Middler II (completed grades of 3-5)
August 3-8	Junior High II (completed grades 6-9)

The grades refer to completed grade in school as of June 2008. Some camps overlap grades, so if you fall into that category, you are eligible to attend either camp.

Camp Fees

The fees for each session are listed above with camp dates. This fee includes all meals, snacks, lodging, supervision, program, a camp t-shirt, and all craft supplies. A deposit of \$50 is non-refundable. Balance of fees is due on or before the day your session begins. Partial scholarships are available on a **very** limited basis. Please contact your priest for more information.

Registration

How to register:

- Pick a camp session from the list shown above
- Fill out registration and medical forms
- Make out your non-refundable \$50 deposit check (or pay full amount) payable to *The Episcopal Diocese of Arkansas*
- Mail the completed and signed forms along with the check to:

Summer Camp Registrar

The Episcopal Diocese of Arkansas

P.O. Box 164668

Little Rock, AR 72216

Medical forms should be completed and returned with your registration form so that we may have them on file with the session's medical staff for review prior to camp. Please note that the medical form requires a physician signature and clinic phone number. Medical insurance is provided and covers the campers at the Camp Mitchell Summer Camps. The coverage does *not* include treatment of pre-existing wounds or ailments. Camp insurance is secondary to Medicare and other insurance.

Arrival and Departure Times

Camp begins on Sunday between 2:00-4:00 p.m. The staff will be busy preparing for camp prior to registration, **so no early admittance will be allowed**. Campers should be picked up between 11:00-12:00 on Friday.

Visiting and Telephoning Campers

In the case of any emergency for your child, you will be notified promptly. No phone calls or visits will be permitted during camp sessions as it interrupts the schedule and often has a detrimental effect on the camper's morale. In the case of a family emergency, contact the camp staff at the Camp Mitchell telephone number - 501-727-5451 (leave message if no one answers the phone).

Sending Mail to Campers

Mail is very important to campers, especially for those away from home for the first time. Since the camp sessions are short and there is a usual 2-day delivery, you might want to mail a letter before your child's session, leave a letter on the day of registration, or fax your letter to 501-727-5761. Mail delivery is usually around noon, Monday-Saturday. Keep letters up beat and informative, rather than letting them know how much you miss them. Please do not send food or candy; if sent, these items will be kept in the office and returned to the camper before he/she leaves camp. Three meals and three snacks are provided each day during camp. **Please address mail**

as follows:

Camper's Name

Camp Mitchell

Session your child is attending

#10 Camp Mitchell Road

Morrilton, AR 72110.

What TO bring to camp

Sturdy walking shoes	Tennis Shoes	Sandals	Pajamas	Medications
Toothbrush/toothpaste	Twin bed sheets	Pillow	Soap/Shampoo	
Stamps/Postcards				
Bath towel/washcloth	Deodorant	Blanket	Sleeping Bag	Board Games
Swimsuit/sun screen	Sweater/jacket	Rain gear	Flashlight	Bug spray
Books/Cards	Laundry Bag	Camera/film	Underwear/socks	
Long pants/shorts	Water Bottles	T-shirts	Wide-brimmed hat	

Please do *not* pack any medications in your suitcase or bag. Seal them, with Camper's name and instructions, in a gallon-size zip lock bag and have them with you at registration. The medical staff will need to check-in with your child about his/her medications. This includes any over-the-counter medications as well.

What NOT TO bring to camp

Electronic Games/TV	Walkman/CD Player	Radio/Jambox		
Cell Phones/pagers	Skateboards/bikes	Knives/fireworks/firearms		
Tobacco products	Alcoholic Beverages	Illegal Drugs	Pets	Food/drinks
Aerosol cans				

Directions to Camp Mitchell

From I-40, take Exit #108 for Arkansas Highway 9 in Morrilton. Turn south on Highway 9 and go approximately 8 miles to Highway 154 (Texaco Station on corner). Turn west onto Highway 154 and go approximately 7.5 miles to the Camp Mitchell entrance on the left.

I look forward to seeing you this summer. Please feel free to contact me with any questions at 501-372-2168 or k.mcdonald@arkansas.anglican.org Katie McDonald, Summer Camp Director and Registrar.

Camp Mitchell Scholarship Application

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

For what camp session are you applying? _____

Requested Scholarship Amount: _____

Referral Agency (if applicable): _____

Please describe your financial needs/circumstances:

Are there other funding sources available to you other than this scholarship?
If yes, please list:

Please complete this form and mail it in with your application. Scholarship funds are limited. Please apply for funding as early as possible. Response to your request will be sent prior to your camp session

2008 Camp Mitchell Cabin Request Form
*(Please fill this form out and return it with the
information and medical forms.)*

*I would like to request that my child, _____,
be placed in the same cabin with the following campers:*

1.

2.

3.

4.

5.

*I understand that this is simply a request and that Camp
Mitchell is a place to make new friendships and that it
may not be possible to honor this request. I understand
that all cabin assignments are final and that no child will
be switched to a different cabin on the day of registration.*

Parent's Name:

Date:

Parent's Signature:

Camp Mitchell Summer Camp 2008 -Camper Covenant

We are so excited that you have chosen to attend the Camp Mitchell Summer Camping Program. We consider it a privilege to be used by God to bring Christ-centered change in your child's life. To ensure an optimal camping experience for everyone we ask that the camper, along with their parents, read & sign this covenant agreeing to abide by its guidelines.

Respect For:

+ Camp Mitchell: Stay in the prescribed boundaries at all times unless instructed otherwise. Keep your counselor advised of your whereabouts. No graffiti or property damage will be tolerated. In the event of property damage camper and parents will be held responsible.

+ Counselors: They give their time and talent to you, give them the respect they're due.

+ Each other: Summer Camp is a place to lift each other up, not put each other down.

+ Other's property: If it's not yours, don't touch it (unless given permission).

+ The program: If you're attending Summer Camp, participate.

+ No Profanity: We like good words, not bad ones.

+ No Drugs/Tobacco

+ No Firearms

During the course of your child's camping experience, he/she will be held accountable to this agreement. Should a problem arise, every effort will be made to resolve the issue in love and respect. Continual disregard for this covenant will result in dismissal from the camping session.

I have read and understand the Camp Mitchell Summer Camp Covenant and agree to abide by its guidelines. I am committing to conduct myself accordingly.

Camper's Printed Name

Camper's Signature

Date

Parent Signature

Date