



Fun, Friends, & Faith awaits you on beautiful Chautauqua Lake at Camp Mission Meadows. This week at camp will have you wishing camp was all summer.

Each day will be filled with a wonderful time of worship with awesome music and learning about God in the Chapel. Activities you will enjoy includes the beach with swimming & boating, tennis courts, archer range, a ropes course, games, and crafts. You will enjoy wonderful food.

What if it rains? You will have fun on the rock climbing wall in the gym, volleyball, basketball, and an indoor game room with carpet ball, air hockey and more. Plus a fireside room for quiet games and more.

You will meet old friends and get to know new ones. You will grow in friendship and in faith. You will get to know God better, while you get to know more about you.

You will find that you are surrounded by awesome counselors both adults and teens as well as kids that care about you.

WNY District of the Wesleyan Church

Kid's Camp 2012



August 12-15

Camp Mission Meadows

On Chautauqua Lake

5201 Route 430

Dewittville, NY 14728

Open to all kids in grades 2-6

Registration Information

Ages/Grade Level: Campers MUST have completed grades 2nd-6th

Cost: \$200 per camper (**\$20 discount if registered before June 30th**). Each additional camper from the same family is \$155 if postmarked before June 30th or \$175 thereafter.

Please note that a \$50 deposit/per child is due with registration no later than **July 14th**.

A check for the balance is due **July 28th**.

Registration: Please fill out BOTH sides of the registration form along with your check made payable to **WNY District of the Wesleyan Church** and mail to:

April Allen
Fellowship Wesleyan Church
1645 South Western Boulevard
West Seneca, New York 14224

Please call April Allen (716) 675-9245 with any question.

Camp registration and check in:
Sunday, August 12, 3:00pm-4:30pm
Camp ends:
Wednesday, August 15, 8:00pm

According to NYSDOH Regulations each camper will be checked for head lice/nits upon arrival.

Insurance: All campers and staff workers are fully covered under the District Liability Insurance package. **THIS DOES NOT INCLUDE HEALTH INSURANCE.**

Rules for acceptance and participation are the same for everyone regardless of gender, race, color, or nationality.

Camp Information

Supervision: Campers are always under the supervision of qualified adults. A nurse is also available at all times.

Cabin Life: Housing is in cottages or dormitory-style cabins with about 8 campers per counselor. Each boy's and girl's safety and spiritual life are of great importance to the Christian counselors. A fun, "family" atmosphere is a part of cabin life with planned times of Bible memory, cabin devotions and inter-cabin competition.

What to Expect: The MOST FUN week of your summer, people who love God and U, making new, life long friends, and learning AWESOME STUFF ABOUT GOD!!!

What to Bring: Pillow, sleeping bag, flashlight, soap, shampoo, toothpaste and toothbrush, towels, pajamas, enough clothes for 4 days, raincoat, appropriate swimwear (*girls one piece suits or cover-ups please*), BIBLE, pen/pencil, notebook, and **most important bring your excitement and good attitude.**

Athletic shoes are required for most activities. Shoes and sandals MUST BE worn at all times.

In order for everyone to have a good experience we ask all campers to keep the following rules:

No knives, fireworks, cell phones, radios/IPods/Mp3 or CD players, spending money or snacks (to keep things clean and the squirrels away).

Health information

This form must be filled out completely

Is your child having any of the problems listed below:

- Allergies or reactions (food/medicine/other) Y or N
- Hay fever, Asthma, wheezing Y or N
- Eczema or frequent skin rashes Y or N
- Convulsions/Seizures Y or N
- Heart trouble Y or N
- Diabetes Y or N
- Frequent colds, sore throat, ear aches Y or N
- Trouble passing urine/bowel Y or N
- Shortness of breath Y or N
- Speech problems Y or N
- Menstrual problems Y or N
- Dental problems Y or N
- Other _____

Please explain any problem areas above: _____

Does your child take medication regularly? Yes or No

If yes, what medication _____

For what reason? _____

*All medication must be checked in at the camp nurse station upon arrival.

MEDICAL RELEASE

I _____ Parent /Guardian give my permission for _____ name of minor to be given medical and/or dental treatment as needed should such an emergency arise during Kid's Camp at Camp Mission Meadows, August 12-15, 2012.

Parent/Guardian Signature

Parent/Guardian Emergency Phone Number

Other Contact Name and Phone Number

Physician's Name and Phone Number

Medical Insurance Co., Insurance and Policy Number

Kids Camp Registration

Please PRINT (A separate form is needed for EACH camper); fill out COMPLETELY:

Child's Name _____

Parent's Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Date of Birth ____/____/____

Sex _____ Age _____

Grade completed 1 2 3 4 5 6

Church Affiliation _____ T-Shirt size _____

Held Harmless Agreement

I hereby give permission for my child to attend Kid's Camp 2012 at Camp Mission Meadows in Dewittville, NY from August 12-15, 2012 sponsored by the WNY District of the Wesleyan Church and do acknowledge and agree to the following. I am aware that the WNY District of the Wesleyan Church is not making a profit from this activity but is providing it as a service. I do agree to make no claim against them for any reason whatsoever, except to the extent of the insurance coverage carried by the WNY District of the Wesleyan Church as required by New York State Law.

Date _____

Parent's Signature _____

Make Checks Payable to: WNY District of the Wesleyan Church

I have enclosed \$50 deposit or Paid in Full registration \$ _____

To receive early registration discount must be postmarked by June 30

Office Use Only:	
Camper Registration	\$200 _____
Deposit	-\$ 50 _____
Early Reg. Discount	-\$ 20 _____
Sibling Discount	-\$ 25 _____
Received with Registration	-\$ _____
Total Due	\$ _____