

All God's Children Camp

Nov. 7-9, 2014

For Children of Incarcerated Parents



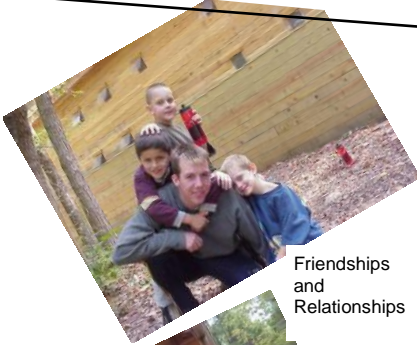
Lots of Yummy Food!



Games, Games, Games!

"We all loved the things you donated to the camp. I was very pleased when I found out that I got to keep the sleeping bag, and toothpaste, and shampoo, and stuff. Thank you for everything. Milia

- An exceptional experience for children of incarcerated parents!
- An intentional effort of churches and individuals to give these children a special time of love and affirmation while a parent cannot be with them.
- And its fun! And its nearly free!



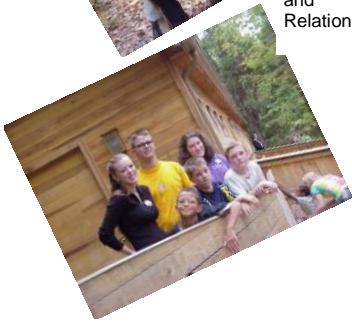
Friendships and Relationships



Halloween- getting the gunk out



Nature



Affirmation & S-mores



A celebration of Everyone!

**Send Your Child to Camp
It Makes a Difference!**



Learning to go from mad to glad!



Releasing hurts; concerns to God.
New Beginnings!



**"It was wonderful there. I wanted to stay there."
Garrett**



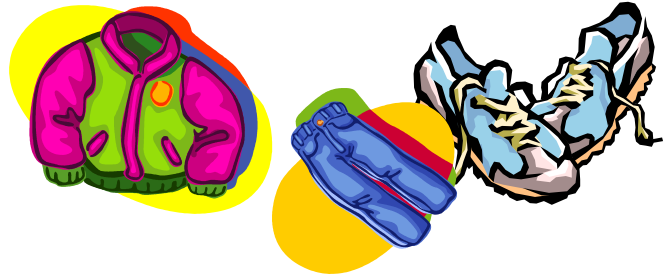
Belonging to God
The I Love You Sign!

Week-end camp for children grades 3-5
November 7-9, 2014 at Camp Overlook
near Harrisonburg, VA

Arrival time is Friday evening at 6: p.m. Departure is by 2 p.m. Sunday.

Camper needs:

3 changes of play clothes,
socks & underwear, pajamas
jacket, tennis shoes...
daily medications if needed
\$5.00 registration fee!



6 meals & camping supplies will be provided (including dinner on Friday!)

If you or your spouse are currently incarcerated, or if you are the guardian, and have a child in the 3rd, 4th or 5th grade, you may give them this fun and supportive weekend for almost no expense to you.

Experiences are designed to:

- help children grow in self-esteem
- sort through confusing feelings
- realize they are special in God's eyes and experience that through love and support of volunteer mentors
- And of course, the weekend is fun with lots of good stuff and surprises!

Thanks to dozens of generous individuals and church groups, supporting funds, sleeping bags, pillows, towels, and toiletries are provided for each child. Additionally, special treats including T-shirts, animal puppets, bubbles, Christmas stockings, water bottles, colored markers and a host of other surprises are given. \$140 is raised to cover the expenses of the camper, their mentor, and a portion of the resource leaders. The camper's family pays only **\$5.00** for their **children** to participate in the fall program, and only \$10 for their children to participate in the subsequent summer program.

Travel Directions to Overlook:

From South- I-81 exit 251 (North of Harrisonburg)
North on US 11 (5 miles) to Fellowship Rd.
Right on Fellowship (1mile)
Left on Indian Trail Rd. (1/4 mile)
Right on Fridley Gap Rd. (4 miles)
Right on Armentrout Path (1/4 mile)
Left on Airey Lane (1/4 mile)
Right into Overlook's North Gate Entrance

From North- I-81 exit 257
South on US 11 (3 miles) to Lacey Spring
Right on Martz Rd. (6 miles)
Right on Mtn. Valley Rd. (2 miles)
Left on Armentrout Path (1/4 mile)
Left on Airey Lane (1/4 mile)
Right into Overlook's North Gate Entrance

20 minutes driving time from Harrisonburg

The Camp office must receive camper registration forms by *October. 25, 2014.*

Openings are filled on a first come, first served basis.

This camp is made possible from contributions by *the Area United Methodist Church*
The only cost to campers is a **\$5 registration fee per family** due at time of application.

Overlook Retreat & Camp Ministries
3014 Camp Overlook Lane
Keezletown, VA 22832



Phone: 540-269-2267
CampOverlook@gmail.com
www.CampOverlook.org



All God's Children

Camper's Name _____ Male Female

Birth Date ___/___/___ Circle Grade In Oct. 2014 3 4 5 Height ___ Weight ___

Guardian's Name _____

Relationship to Child _____ 1. Home Phone _____

Address _____ 2. Emergency Phone _____

City _____ State _____ Zip _____

E-mail _____

(If other than above)

Parent's Name _____ 1. Home Phone _____

Address _____ 2. Emergency Ph _____

City _____ State _____ Zip _____

School that Camper Attends (optional) _____

School Counselor's name and phone (optional) _____

Church that Camper Attends (optional) _____

Important or helpful information (allergies, fears, restrictions, etc.)

In signing this application, I certify that this child is in good health and may participate in ordinary camping activities except as noted above. I give permission to the officials of the camp to act in any emergency. In case of surgical emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant. Should it become necessary for the participant to return home because of illness or other reason, I will abide by the camp leader's decision and provide transportation. I also give the camp permission to use pictures including the participant in camp publicity.

Guardian's Signature _____ Date _____

(See Reverse Side for Medical Information)



Camper's Name _____

Family Phone (____) _____ Emergency Phone(____) _____

Schedule of Medication Dosages

B = Breakfast 8:00 L= Lunch 12:15 S = Supper 6:00 N = Bedtime 9:30

After recording prescription and dosage place a large circle under each day at appropriate time.

| Medication Name | Dosage | Friday | | | | Saturday | | | | Sunday | |
|-----------------|--------|--------|-------|-------|-------|----------|-------|-------|-------|--------|-------|
| | | B | L | S | N | B | L | S | N | B | L |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Other Concerns: (Food, Insect, Medicine allergies, Physical Limitations/concerns)

Signature of guardian/parent _____ **Date** _____

Completed at Camp Overlook

Housing Unit _____ Mentor's Name _____

