



special ✿ ministries

794 Alta Powerhouse Rd. | PO Box 628, Alta, CA 95701

530-389-8710 | FAX 530-389-2511

campalta.org | info@campalta.org

NEW THIS YEAR | Sponsored by Camp Alta.

Hello to all our Parents, Care Providers, & Campers,

Bell Road Baptist Church is pursuing a church merge with another like minded church in the Auburn community. With this church change, Champions for Christ summer camp has been accepted into the Camp Alta organization; now, to be named Special Ministries camp.

What does this change mean for you? Not much should change on the campers end; I'm still planning on a fun filled 4 days at camp like we have had in the past but monies/checks will need to be made out to Camp Alta / memo line: SM Camp instead of Bell Road Baptist. I feel supported by Camp Alta to make this organizational change this year 2017 with the heart to continue camp for many more years to come.

We have also been able to secure a nurse, lifeguards, and a worship leader through the Camp Alta office. This has been a great help to me as Camp Alta has more people contacts then I do through my local church. Thank you to the many that started to ask around for help last year; it has encouraged me that this camp should continue as it is a highlight in the year to so many of our campers.

This time at camp is such a joy to be a part of for all involved. Our regular counselors, myself included, will be there and the program hasn't changed, lots of art, music, swimming, snacks, bible times; we will enjoy a new speaker and some new musicians as we work through these changes. Looking forward to a seeing you all and having a great camp 2017!

Patrice Rosenau - Special Ministries Program Coordinator

Phone: 530-885-0925 Email: patrice@campalta.org or worosenau@aol.com

Mail Reg & Payment to: C/O Patrice Rosenau 455 Slowdown Road Newcastle, CA 95658

Please make checks payable to Camp Alta. Memo line: Special Ministry/SM Camp

August 7th-10th 2017 \$280

Registration Deadline: Wednesday July 19th 2017



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About the theme:

Statistics show that half of all inventions happen by accident. Or is it on purpose? Does it matter? We live in a world where people are prototyping, developing, and designing more than ever before. But where does this leave you? People think you're either a creative person or you're not. We don't buy that. We believe that you are a created person. Our hope is that you and your campers will believe it too!



Special Ministry camp is going to be unlike any other. As campers *tinker with the ideas of the creator*, they'll explore this movement of the MaKer from a completely different angle. They will interact with tactile crafts, tangible workshops, and a canvas of play, which will encourage them not only to create, but to understand the uniqueness of the gift they have from the Creator. We weren't just created to exist. We have a purpose. The image is clear. Will you join us?

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About the camp:

Camp Alta is a facility, which requires the ability to walk by oneself. The program is designed for participation of the campers in rotation color groups with activities such as swimming, outdoor activity, art, crafts, singing, & group times. Our counselors are volunteers and are not responsible for toileting campers. Campers should have the ability to walk, bath, dress, & toilet themselves. Special Ministry staff will be a 5 to 1 ratio of campers to counselor.

This is a non-smoking week of camp. A camper's understanding of basic rules will help us to have a safe fun week together. Camp Rules: no smoking, no cussing, no hugging of the opposite sex, no body massaging, no fighting, participating in the day, and not missing meals. Camp rules will be communicated during Monday's Welcome time 11am.

Special Ministries reserves the right to refuse to provide services to any camper who cannot be supported correctly by our staff. This is so that the camper isn't a risk to his/herself or to others. This reviewing will be done through the completed registration, personal growth, & medical form before the camp begins. If it becomes necessary for a camper to leave camp, for any reason, the caretaker is responsible to make provisions to bring the camper home. Special Ministries staff is not prepared to bring campers to the camp or to bring a camper home. This responsibility is the caretakers.

Registration is divided between 3 parts: Registration, Personal Growth, & Medical. **Registration** includes, contact purposes during the year and emergency policy during camp. The **personal growth** portion includes, counselors to know your campers before camp begins. Please take the time to answer honestly and specifically. Personal growth information will be printed on the back of campers' nametags to ensure counselors can respond correctly to each individual need. The **medical** portion is needed so nurses may administer meds correctly. When campers arrive at registration on Monday, August 7th at 9:00am a small picture will be added to their medical form to help identify each camper.

All three forms must be signed authorizing the use of basic first aid or the care needed for an emergency for camper to attend.



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About the forms:

The forms and items which are needed for successful enrollment, as stated above are **registration, personal growth, medical, copy of medical insurance card, and payment.** These forms are due by Wednesday July 19th. No campers will be accepted after the due date because Special Ministries staff needs time to review and process these forms.

Please send a copy of the medical insurance card with completed forms prior to the Wednesday July 19, 2017 deadline, or the card itself during registration on Monday, August 7th, to keep through the week with the nurses. The medical insurance card will serve as the campers ID in case of emergency and the only accepted form of ID by emergency personnel. The copy/card will be returned at pick-up Thursday, August 10th at 7:00pm.

Special Ministries will have nurses on hand during the time of camp. These nurses will dispense medication and take care of basic first aid. Please be specific with the medical information as this will greatly help the nurses to prepare before the camp. All prescription drugs must be brought to the camp in the container issued by the pharmacy. The label must have the physician's name and the correct dosage directions clearly stated. Licensed nurses are legally bound to administer medications exactly as written on the label. If there has been a change in dosage amount or time given, it must be verified in writing by the prescribing physician. For over the counter medications, vitamins, PRN give directly to the camp nurse during registration; please don't send in Campers' suitcase.

If forms are completed and money paid and a camper is not able to participate in the week of camp, a refund will be given by August 31st, 2017. If more than one camper is using one check please include a list on another paper of the campers first and last names for clarity's sake. Our price is for the camper's food, sleeping arrangement, lifeguard, and crafts. We have tried to keep this price as low as possible and still provide 4 days of safe fun. The camp is non-profit so we are happy to have volunteers for staff; who are generous to give of their time and talents.

Camp begins Monday August 7th at 9:00am for a full day of activity and fun. Camp will end Thursday August 10th at 7:00pm after dinner. We're looking forward to a great year.



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Reminders:

When you arrive on August 7th at 9:00am for registration, please plan on getting a picture taken, finding an assigned bunk, and processing medication at the nurses' station. Coming early isn't necessary since camp starts at 9:00 am

A phone call will be made Thursday afternoon for pick-up at 7pm to insure each camper has a care provider to bring them home. Care providers & parents are welcome to join camp for dinner Thursday evening 5pm & closing presentation of campers' week at camp. Special Ministries staff are not prepared to transport a camper in any way.

What to Bring:

Name on all items
Enough comfortable clothes for 4 days
Good walking shoes
Flip-flops for showers Flip-flops for swimming
Sleeping bag OR
Twin sheets and a pillow
Towels and washcloths
Toiletries
Flashlight
Bible
Light jacket/sweater
Bag for dirty clothes
Modest bathing suit

What NOT bring:

Knives of any kind
Food of any kind
Money of any kind
Articles of great value
Cigarettes, lighters or matches
Not responsible for lost or stolen items

Camp Rules:

No smoking
No cussing
No hugging of the opposite sex
No body massaging
No fighting
Participating in the day
Not missing meals

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ANY QUESTIONS PLEASE CALL PATRICE OR THE CAMP ALTA OFFICE

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Registration Form:

Camper Name _____ Age _____

Mailing/Home Address _____

City _____ Zip _____ Home # _____ Cell # _____

Parent/Care Provider _____

Mailing/Home Address _____

City _____ Zip _____ Home # _____ Cell # _____

Emergency Contact _____

Person to call in an emergency while camp is in session. If not available, we will call their Social Worker.

Mailing/Home Address _____

City _____ Zip _____ Home # _____ Cell # _____

Social Worker's Name _____ County _____

Social Worker's Work # _____ Social Worker's Cell # _____

I hereby certify that to the best of my knowledge, all of the information contained in this form is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to Special Ministries.

Signature

Relationship to Camper

Date



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Personal Growth:

Camper Name _____

Be specific. This information will be printed on the back of each camper's name tag to help staff respond correctly to each individual's need. One to one supervision, heavy assistance with toilet, dress, walking, and food. Areas our volunteer staff is not prepared to care for; please determine these things before filling out form.

Has camper been to camp before? _____ Overnight? _____ What camp? _____

Is camper apart of work, school, day program, church?

What are campers' fears & dislikes?

What is the most effective form of behavior management?

What things are you trying to achieve that we can help to reinforce?

Are there any nervous habits or significant behaviors we should be aware of?

Behavior: Check (X) For All That Apply

___ Imagines Illness/Pain: _____
___ Aggressive to Others: _____
___ Self-injurious Behavior: _____
___ Wanders ___ Overeats ___ Steals ___ Afraid of Loud Noises ___ Repetitive action ___ Other: _____



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Sleep Habits:

☐ Nightmares ☐ Afraid of Dark ☐ Sleepwalks ☐ Talks in Sleep ☐ Takes Naps
☐ Restless Sleeper ☐ Slept away from home before ☐ Needs lower bunk ☐ Other:

Toileting Skills:

☐ Cares for Own Toilet ☐ Wets Bed ☐ Bladder Accidents ☐ Bowel Accident
☐ Menstrual Periods(Females) ☐ Needs Reminders to use toilet ☐ Wears Diapers Explain
Night/Day _____

Personal Care:

☐ Needs Oral Hygiene ☐ Needs Reminders to bath ☐ Needs Sunscreen applied
☐ Other:

General Health:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Dietary:

☐ Medication before: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime
☐ Limited Portions: _____ Needs assistance:
☐ Special Diet: _____ Food Allergies:

☐ Diabetes: Type _____ Insulin Dependent ☐ Diet Controlled _____

Disability/Physical Conditions:

☐ Mental Retardation ☐ ADD/ADHD ☐ Down's syndrome ☐ Autistic ☐ Heart Condition
☐ Sensitive to Sun ☐ Easily Fatigued ☐ Hearing Aid ☐ Uses Sign Language
☐ Glasses ☐ Contacts ☐ False Teeth ☐ Nonverbal ☐ Wears Protective Helmet

☐ Epilepsy/Seizures: Explain _____ Frequency _____
☐ Other:



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Medical Form:

1. All prescriptions drugs must be brought to camp in the container issued by the pharmacy. The label must have the physician's name and the correct dosage directions clearly stated.
2. Licensed nurses are legally bound to administer medications exactly as written on the label. If there has been a change in the dosage amount or time given, it must be verified in writing by the prescribing physician.
3. For over the counter medication & vitamins, PRN, used give directly to the camp nurse during registration.
4. Medical Insurance card is used as ID in case of an emergency; copies/cards will be returned during Pick-up.

Please Attach Medical Insurance Card/Copy

Prescribing Physician _____ # _____

Names of Prescription Medication: _____

Medication Allergies: _____

General Allergies: _____

PRN: Over the counter/vitamins /as needed: _____

Acceptance Condition

Please read the following statement carefully and sign your name below.

Special Ministries reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided with adequate support by Special Ministries. These decisions are made on an individual basis, by the Camp Director or Camp Committee.

Parents, Care Providers will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem, if camper is a risk to his/herself or to others. The Medical & Personal Growth Forms must indicate that there is no evidence of any condition that might present health or safety risks to the applicant, or to other campers or staff members.

I agree to the Acceptance Conditions. Should it become necessary for my camper(s) to leave camp, for any reason, I will make provisions to bring the camper(s) home. I agree to notify Special Ministries with any changes that need to be made on this form before camp.

Signature

Relationship to Camper

Date

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Camper Name _____

PRN Chart:

PRN: Nonprescription, Vitamins, Over the counter	Dose: How much is given each time?	Frequency: Times of day Meds are given.	What is medication given for?
Ex: Sunscreen	1 time	At pool	No sunburn

Permission to give as needed; please initial:

Tylenol ____ Pepto-Bismol ____ IMODIUM® A-D ____

Please read the following statement carefully and sign your name below.

Consent to Attend Special Ministries

I, the undersigned, hereby represent that I am the parent or legal guardian of this camper, and state the health history is correct as far as I know. I agree that he/she may participate in the program at camp.

I consent that in event of sickness or accident of any nature, the camp will not be held responsible or liable. With the realization that in such eventuality, a physician, radiologist, surgeon, or dentist, if necessary, who may take any measure, including surgery and hospital care, deemed prescribed medication or treatment my camper may need.

Further, I agree that my camper may be photographed while participating in camp programs, with the understanding that such photographs may be used for publicity purposes. This authorization shall continue to be in effect as long as my camper is a participant in the program at Special Ministries.

Signature

Relationship to Camper

Date