

Registration Form

Camper Name: _____

Male Female

Age _____ DOB: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____ - _____

I am aware that my child/resident will be attending the Spring Retreat, April at Arrowhead Bible Camp.

Signature of Parent/Care Provider

Please mail to:

Shepherds Camp
Arrowhead Bible Camp
122 Arrowhead Cottage Rd
Brackney, PA 18812



Questions or Comments?
Contact us by phone, email, or mail.
Email: sadie.enge@gmail.com
Phone: 570-663-2419

**ADDRESS SERVICE
REQUESTED**



Registration Deadline: March 18th
Retreat fills quickly- sign up
today!



Camper Name: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

Doctor Information:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

Is camper regularly on medication?

no yes

Allergies: no yes, _____

Seizures: no yes

Diabetes: no yes

Daily Living: Does the camper...

Have any fears no yes, _____

Wear glasses no yes

Use hearing aid no yes

Have dentures no yes

Need to be awakened for the toilet
 no yes

Does the camper need help with...

Dressing no yes

Eating no yes

Bathing no yes

Other _____

****Please provide any pertinent information or paperwork that would assist the staff is caring for this individual****

OFFICE USE ONLY
Date: _____
Payment: _____
Balance: _____
Check #: _____

Sleeping Arrangements:

All Campers will be staying upstairs in the dorms and hourly bed checks will be provided.

All applicable protective oversight plans will be in effect.

Our Mission:

The mission of the Shepherds Camp Program is to meet the spiritual and recreational needs of people with developmental disabilities while ministering to parents and care providers by providing a time of respite.

Acceptance:

The Shepherds Program accepts campers who are without aggressive behavior, can communicate needs, who are ambulatory and independent in eating and toileting. These rules in the program are the same for everyone without regard to race, color, sex, age, or national origins. Shepherds Camp is unable to accept campers limited to wheelchairs. The camper should be able to participate in the program.

Dietary Needs:

Please note that Arrowhead is not able to provide special diets. Please contact Sadie Engle if you have any questions.

Retreat Total Cost; \$125

Deposit : \$50

Remaining Balance: \$75

Greetings, Campers!

The air here at camp is still brisk and cold, but we're excited for warmer weather that brings green buds, flower blossoms, and Shepherds Campers!

We're thrilled to invite returning and new campers to the Shepherds Spring Retreat! To register, fill out the entire registration form and mail paperwork along with the \$50 non-refundable deposit. You will receive a confirmation form with directions, packing list, and medication administration form. The medication administration form is due April 8th, 2013.

We look forward to celebrating new beginnings this spring with everyone this April!

Sincerely,



Sadie Engle
Program Manager



Hello from Shepherds Camp!