

AGAPÉ † KURE BEACH MINISTRIES

1369 Tyler Dewar Lane, Fuquay-Varina, NC 27526

Phone: 919-552-9421 FAX: 919-552-0720

Camp Agapé - RESIDENT CAMP PARENT PROFILE

To be completed by parent.

For office use

Code _____

To Parents: Our staff can provide your camper with the best possible camp experience this summer if we know as much about him/her as possible. We would appreciate your courtesy and interest if you would fill out this profile. It will be confidential.

Camper's Name: _____ Age: _____ Birth date: _____

Well-liked nickname: _____ Grade entering: _____ Sex: _____

Address: _____
Street City State Zip

Years at camp: _____

Father's name: _____ Mother's name: _____

Age of brothers: [] [] [] [] Age of sisters: [] [] [] []

Pets (type and name): _____

Other relatives living at home? _____

In case of divorce or separation, with whom does the camper live?

_____ name relationship

Major interests and/or hobbies?

Major talents, skills, and abilities?

When is your camper most creative?

What responsibilities does your camper have at home?

Are there any circumstances or behaviors that you think will affect your camper at camp?

General health: robust: _____ normal: _____ below average: _____ sickly: _____

Any physical disabilities? _____ describe: _____

Any special medications? _____

Have you taken this child off of any medications he/she takes during the school year. ____ YES ____ NO

If yes, what medications and why? _____

What is the swimming skill of your camper? very good _____ fair _____ beginner _____

What experience has your child had in living and working within a group of people?

What social contacts does your camper have with others his/her age?

Makes friends: easily _____ fairly easily _____ with difficulty _____

Most friends are: older _____ younger _____ same age _____

Relates best to adults who are _____ male _____ female _____ either

Other information that would be helpful to a counselor:

What objectives do you have in sending your child to camp? (What do you hope your child will get out of this experience?)

Signature: _____
Parent/Guardian relationship date

Parents/guardians: please return completed forms to Camp Agapé at least two weeks before your camper's arrival.

AGAPÉ † KURE BEACH MINISTRIES

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Phone: 919-552-9421 FAX: 919-552-0720

Camp Agapé - RESIDENT CAMP CAMPER PROFILE

To be completed by camper

For Office Use only

Code _____

Name: _____ [] Male [] Female

Camp Program: _____ Week Date: _____

Roommate requested _____, this camper must also request you.

Dear Camper,

This is a chance for you to indicate to your counselor some of your interests in coming to camp. Completing this form and returning it will help your counselor prepare for your arrival.

I expect my counselor to:

I would like to do these things at camp:

While at camp, I would like to learn:

Some of the things I can do well are:

I struggle with questions about ____ prayer, ____ faith, ____ death, ____ morals, ____ sin, ____ God

Please list other topics of concern:

Please return completed forms to Camp Agapé at least two weeks before your arrival.

WHAT TO/NOT TO BRING

Our facilities are comfortable, yet short on storage space; pack carefully and plan to live out of your suitcase. You may also



want to mark camper's clothes with initials. See the enclosed sheet for a packing list. Also pay special attention to the items to NOT bring to camp.

Camp reserves the right to hold any of the "do not bring" items while the camper is at camp. Legal action may be taken in cases involving alcohol, tobacco and other drugs, fireworks and weapons. Although camp respects the privacy of all attendees, for safety sake we reserve the right to search any personal items we feel necessary, with or without notification.



Campfirmation CHECK-IN / CHECK-OUT

You will arrive on **Sunday** afternoon and depart on **Friday** afternoon. Most check-ins are around **3:30** and departures are around **2:00**, but ask your church leader for your group's specific times.

Check-in and out takes place at the Woodlands Center. After you sign in at the check-in table a counselor will show you to your camper's lodging assignment. It is important to your camper that you arrive on time. If you are delayed please let us know! Make sure you check-out with camp staff before heading home.

ARRIVAL AT CAMP

Check-in with the camp staff at the registration table in front of the Woodlands Center. Park all cars in the parking lot across the road from the lodge. Have any medications and camp store spending money with you and ready to turn in at the registration table.

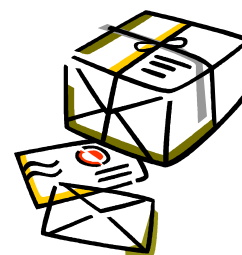


"SNAIL" MAIL

Campers love getting mail! Write often-- even sending a letter out to be received the first day of camp. Camp addresses are:

Camp Agapé
1369 Tyler Dewar Lane
Fuquay-Varina, NC 27526

Kure Beach Center
601 S. Ft. Fisher Blvd.
Kure Beach, NC 28449



Care packages are also fun to receive, but we ask that **NO food, candy, or gum be sent to campers.** Sending comics, puzzle books, games, or small presents is fine.

E-MAIL

Campers do not have access to computers to send e-mail while they are at camp, but they may receive e-mail via bunk1.com. To send your camper email, visit our website, www.agapekurebeach.org. Click the flashing "Camper Email" button, and then click register now. The registration code is 9740AG1. Fill out all required information, then you will have to purchase bunk note credits (you will need a credit



card), and then you can send an email to your camper! When sending e-mails, know that our office manager will be opening and printing the message--what you write will not be completely private.

Any message sent after 11:30 a.m. will not be delivered until the next day. Any message sent on Fridays **must be in by 10:30 am** in order to be delivered to your camper. No e-mails will be delivered on Sunday.

HOMESICKNESS

If your parents are inclined to be "homesick" for you, please assure them that you will write often. Please remind parents that, due to the number of campers at Agapé, campers are not permitted to use the telephone. Please ask that no food items be sent, since there is plenty of food provided.



SPENDING MONEY

The camp fee covers lodging, meals, insurance, educational materials, basic craft supplies, and staff supervision. There are several times when campers may desire additional spending money. The camp store is open at certain times each day and stocks snacks, drinks, camp shirts, souvenirs; price range \$0.50-\$30.00. A weekly offering is also collected for a needy cause each summer.



-Special crafts: Some of the more elaborate craft activities are priced to offset cost of materials. These activities are optional and other activity choices are available during these times. None are more than \$5.00.

-Special activities: At the beach, campers will visit the pier and aquarium. Both have gift shops. Between \$10 and \$30 is usually plenty of spending money. All resident campers except Beach and Servant Event campers will deposit their money in the camp bank and charge their items each day. Beach and Servant Event Campers will handle their own funds. Rocketry Campers may want additional cash to purchase rockets. There is enough money allotted as part of the camp fee for 1 or 2 rockets – depending on the skill level purchased.



TELEPHONE

The telephone number for Camp Agapé is 919-552-9421, for the beach it is 910-458-0783. These numbers are for emergency use only. **It is our policy that campers do not use the telephone.**

CAMP HEALTH FORM

All campers must have a completed Health History form in order to attend a camp session. A parent or guardian should fill out the form. It must include the parent/guardian signature.

STAFF

Agapé † Kure Beach Ministries highly values all campers. Our staff members are carefully selected for their maturity and Christian faith. All staff participates in a 13-day training session before campers arrive. Safety and Christian role modeling are high priorities for our staff. We thank you for entrusting your campers to us.

MEDICAL CARE

Red Cross/CPR certified first aiders are among our staff in residence. In medical emergencies campers will be taken to Physician's Urgent Care or Western Wake Medical Center. It is very important that the parental release on the health form is signed, so that needed care may be given in an emergency situation.

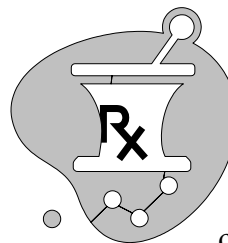


INSURANCE

Agapé † Kure Beach Ministries provides secondary umbrella liability coverage. In case of an accident requiring medical care, Agapé can provide for out of pocket expenses or assist with expenses above limits. Agapé † Kure Beach Ministries does not provide preventive or health care insurance on sickness.

MEDICATION

If your child must bring medication to camp, please furnish written instructions of dosage and schedule for its use. Medication should be brought in prescription containers. Upon check-in/drop-off on the Sunday you arrive, turn in all medications at the registration desk with your child's name on each container. (Tylenol, Advil etc. are part of our supplies; please do not pack these.) Our staff will supervise administration of all medication.



WHAT TO BRING:

- sleeping bag or bed sheets--pillows are provided, but **bring your own pillowcase**
- two towels--one for shower, one for pool
- toothbrush, toothpaste, cup, comb, soap, shampoo, etc.
- clothes for **entire week**--appropriate for outdoor activities
- footwear, **two pair--must be closed toe and covering heel**
- swim suit(s)--we ask that it be modest
- laundry bag – plastic is fine
- light coat or sweatshirt
- poncho or raincoat
- old sneakers or water shoes for rainy days or creek walks
no flip flops or sandals (except beach program)
- sunglasses
- cap or hat
- books or quiet game
- flashlight
- insect repellent, sunscreen
- water bottle**
- Bible



919.552.9421

WHAT NOT TO BRING:

- chewing gum
- snacks or food of any kind
- cell phones
- radios, CD players, MP3 players, electronic games, any other electronic devices
- candles or lanterns
- alcoholic beverages
- tobacco products of ANY kind
- drugs not prescribed by a doctor
- fireworks of ANY kind
- knives/firearms/weapons
- Anything we haven't listed that we feel necessary

If you think we might want to confiscate it, don't bring it.

Camp reserves the right to hold any of the above items while the camper is at camp. Legal action may be taken in cases involving alcohol, tobacco and other drugs, fireworks and weapons.

Agapé ✝ Kure Beach Ministries Health History Form

**To Parent(s)/Guardian(s): Please follow the instructions below.
Attach additional information if needed.**

1. Complete front and back of this form and make a copy.
2. Send the original signed form to camp at least 10 days prior to camper's arrival.
3. Campers cannot be accepted for camp sessions without a signed health history.

**Please Return This Form to
Your Pastor or Confirmation
Leader**

Camper Name _____
Last _____
First _____
Initial _____
(For Camp Use) Cabin or Group _____
(For Camp Use) Week/Camp _____

Camper Name: _____
Last
First
Init.

Male Female Birth Date _____ Grade Entering: _____ Dates will attend camp: from _____ to _____
Month/Day/Year
Month/Day/Year
Month/Day/Year

Camper Email: _____ Camp Program _____

Camper Home Address: _____
Street Address
City
State
Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Home Address: _____
 (If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Additional contact in event parent(s) (guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. ***(Please describe below.)***

Activity Restrictions: Chronic illness, operations, or serious injury. ***(Please describe below.)***

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

1. Had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have a heart defect or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. If female, have problems with periods/menstruation <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. If female, has been told about menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have a bleeding/clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Had hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Had Chicken Pox? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Had Psychiatric Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Had Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Had Mumps? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Had German Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have diabetes? (year) _____ .. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain "Yes" answers in the space below, noting the number of the questions.

Camper Health History Form

(page 2)

Camper Name: _____
Last First Init.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)..... Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Immunization Record:

Date of Last Tetanus _____ DPT _____ Polio _____ MMR _____

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:** This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.
Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | | |
|---|--|---|
| Acetaminophen (Tylenol) | Phenylephrine decongestant (Sudafed PE) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Pseudoephedrine decongestant (Sudafed) | Antibiotic cream |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) | Aloe |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) | Bandaid Anti-Itch Gel (.45% camphor) |
| Calcium Carbonate (Tums, Antacid tablets) | Generic cough drops | Isotonic Solution (eyedrops) |
| Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) | Sore throat spray | Isopropyl Alcohol (ear drops for swimmer's ear) |

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Medical Insurance Information: This camper is covered by family medical/hospital insurance Yes No

Please include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company _____ Policy or ID # _____ Group Plan # _____
 Subscriber _____ Insurance Company Phone Number (_____) _____ Where insured is employed _____
 Address for claims _____

Check here if you do **NOT** give permission for A☩KB Ministries to photograph your child for camp promotional purposes (brochures, SmugMug, etc.) No names are used.

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

What Have We Forgotten to Ask?

Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.