

**CALLING**

**ALL**

**ART**



**EXPLORERS**

**For**

**CREATION ARTS**

**CAMP 2024**

**AT CAMP SUWANNEE**

**Who:**

**Children**

**Ages**

**6 - 11**

**When:**

**June 10-14**

**8:30am-3:30pm**

**Doors will open at  
8:00am**

**Art Show**

**Friday, June 14,  
6:30pm**

**Where:**

**Camp Suwannee  
Campground**

**At Advent Christian Village  
Dowling Park, Florida**

**Sponsored by  
The Village Church**

**What:**

Young art explorers are given a place where they can explore how to use the gifts God has given them. They will have an opportunity to engage their imaginations while developing their art skills, learn new artistic techniques, and expand their artistic knowledge.

**Registration:**

**Open Now**

**Questions:**

**Traci at 386-658-5344**

**Email:**

**[tnissley@acvillage.net](mailto:tnissley@acvillage.net)**

**Cost:**

**Tuition Free**

**Bring Your  
Own Lunch**

**Snacks will be provided.**



# Creations Art Camp 2024

The Village Church at Camp Suwannee

June 10-14; 8:30am – 3:30am; Doors open at 8:00am

Contact: Traci Nissley 386-658-5344 or [tnissley@acvillage.net](mailto:tnissley@acvillage.net)

Applications may be emailed to Traci Nissley

or mailed to The Village Church P.O. Box 4314 Dowling Park, FL 32064

CHILD'S NAME \_\_\_\_\_

GRADE COMPLETED \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

PEOPLE WHO MAY PICK UP THE CHILD \_\_\_\_\_

CAC leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this camp.

PARENT NAME (PLEASE PRINT) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

PLEASE NUMBER THE CLASSES FOR EACH PERIOD IN THE ORDER OF CHILD'S PREFERENCE. "1" BEING MOST PREFERRED.  
THE CLASS DESCRIPTIONS ARE ON THE BACK OF THIS PAGE. WE WILL DO OUR BEST TO PLACE YOUR CHILD IN THEIR PREFERENCE.

<u>Example</u>	<u>Class 1 (8:35-9:25)</u>	<u>Class 2 (9:30-10:20)</u>
<u>4</u> Art Class A	_____ Astronomy	_____ Culinary (K5-2 <sup>nd</sup> )
<u>2</u> Art Class B	_____ Arts & Crafts	_____ Woodworking (3 <sup>rd</sup> -5 <sup>th</sup> )
<u>1</u> Art Class C	_____ Ukulele	_____ Handchimes
<u>3</u> Art Class D		_____ Arts & Crafts
	<u>Class 3 (12:05-12:55)</u>	<u>Class 4 (1:00-1:50)</u>
_____ Culinary (3 <sup>rd</sup> -5 <sup>th</sup> )	_____ Worship Dance/Flags	_____ Gardening
_____ Woodworking (K5-2 <sup>nd</sup> )	_____ Painting	_____ Rock Painting
_____ Fabric Art	_____ 3D Art	_____ 3D Art

## Class Descriptions

**3D Art:** Children will explore a wide range of creative activities to make 3D objects and showpiece items. They will use a variety of mediums including clay, mosaics, and household items.

**Arts & Crafts:** Children will explore a wide range of creative activities that are related to making things, objects, and showpiece items. They will use a variety of mediums to create textile, paper, decorative, and functional crafts.

**Astronomy:** Children will learn about our solar system, the planets, the sun, and the stars. They will make fun projects to help understand what they learned about God's creation!

**Culinary:** Explore the world of food. Learn new recipes.

**Gardening:** Learn and grow through gardening.

**Handchimes:** Playing Handchimes is a great way to foster the development of strong rhythmic skills, physical coordination, and listening skills. It's also an effective way to teach the basics of music-reading (direction, reading lines and spaces) and provide children with an active way to play and make music together.

**Painting:** Explore the world of painting. We will paint on canvas and ceramics with different styles and techniques. We will paint with acrylics, watercolors, and homemade paint.

**Rock Painting:** Paint river rocks for your garden, room decorations, and for gifts.

**Ukulele:** This class will introduce kids to playing ukulele in a group setting. Through musical games, movement, and singing, we'll develop our musicianship skills together. We'll work on chords and strumming, and learn a few songs that are great for beginners.

**Woodworking:** Students will learn about wood as a material, proper and safe use of hand tools, and will make fun, high-quality projects to take home.

**Worship Dance/Flags:** Learn ways to worship God through dance, flags, and ribbons.

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

### Health Information

In case of emergency notify _____	Home Phone ( ____ ) ____ - _____
Relationship to camper _____	Work Phone ( ____ ) ____ - _____
Personal Physician _____	Phone ( ____ ) ____ - _____
Insurance Company _____	Policy # _____
Insurance Company Address _____	
List all medications required on a regular basis _____	
Allergies/Physical Restrictions _____	

If this camper has any medical or physical limitations that could restrict them from participating in any camp activities, an affidavit, signed by the camper's physician, must accompany this application in order for the camper to participate in any camp activities that could affect the campers physical condition.

**For Medical Treatment:** I understand that the Camp Director for the week is serving as the guardian of my child while attending camp and has my permission and support to act on my behalf. By signing below, I agree to hold the Florida Conference of Advent Christian Churches (FLCACC) or any employee or volunteers of said organization, harmless for any accidental injury to my child while participating in any and all camp programs. I also agree to hold them harmless if my child tests positive for COVID 19 after attending camp. I authorize the Camp Director for the week and/or weekly staff to consent to any and all x-rays, examinations, anesthetic, medical or surgical treatment and hospital care (including, but not limited to, intravenous solutions and/or blood transfusions), to be rendered to my child under general and specific supervision and of the advice of any physician or surgeon licensed to practice in the United States of America. I also agree to be financially responsible for any and all medical and/or surgical procedures rendered to my child. **I understand that my child must undergo a health check by the Camp Nurse before registration, and if anything of concern is found, options will be discussed before being allowed to proceed to registration.** I also understand that photographs of my child may be taken during camp and I give my permission for my child's photograph to be used in Camp Suwannee promotional material.

**ALL APPLICATIONS MUST BE SIGNED BY THE** Parent/Guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION: Please attach a copy of your insurance card to the back of this form. Copy both sides of the card so information is readable.**

Is this camper covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No

Insurance Company Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Some non-prescription medications may be stocked in the camp's Nurses Station and may be given to campers on as needed basis to manage illness and injury. *List any medications the camper should not be given (ie. Tylenol, Advil, Motrin, Sudafed, Robitussin, cough drops, Aloe Antibiotic cream, Kaopectate, Pepto-Bismol, Calamine lotion, etc.)* \_\_\_\_\_

### 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.

**\*\*\*Florida law requires 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.\*\*\***

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

**General Health Information: Please fill out to the best of your ability**

(Please circle all items that apply, past or present, to your health history. Explain all "Yes" answers.)

- |  |        |                                      |        |
|--|--------|--------------------------------------|--------|
| 1. Back Problems                       | YES NO | 14. Problems w/diarrhea/constipation | YES NO |
| 2. Heart Disease                       | YES NO | 15. High Blood Pressure              | YES NO |
| 3. Contacts/glasses                    | YES NO | 16. History of Asthma?               | YES NO |
| 4. Convulsions/Seizures                | YES NO | 17. History of ADD or ADHD           | YES NO |
| 5. Diabetes                            | YES NO | 18. History of Cancer/Leukemia?      | YES NO |
| 6. Diagnosed with a heart murmur?      | YES NO | 19. Kidney Disease                   | YES NO |
| 7. Ear infections                      | YES NO | 20. Menstrual Cramps                 | YES NO |
| 8. Joint Problems (knees, ankles etc.) | YES NO | 21. Migraine Headaches               | YES NO |
| 9. Emotional disturbances              | YES NO | 22. Motion sickness                  | YES NO |
| 10. Ever had a head injury             | YES NO | 23. Fainting or Dizziness?           | YES NO |
| 11. Ever been hospitalized?            | YES NO | 24. Nose bleeding                    | YES NO |
| 12. Ever had surgery                   | YES NO | 25. Tested positive for COVID 19     | YES NO |
| 13. Hearing impairment                 | YES NO | 26. Had symptoms for COVID 19        | YES NO |

27. Skin problems (rash, itching etc.) ..... YES NO
28. Chronic or recurring illness/condition? ..... YES NO
29. Recent injury, illness or infectious disease? (within last 6 months)..... YES NO
30. Had mononucleosis in the past 12 months? ..... YES NO
31. Hemophilia or other Bleeding Disorder? ..... YES NO
32. Other medical history not specified? ..... YES NO
33. Traveled outside of the United States in the past 9 months? ..... YES NO

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

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For travel outside the country, please name country(s) visited and dates of travel:

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Immunizations: (Fill out the following portion of this form or attach a copy of the camper's immunizations record.)

	Year primary series completed	Year of last booster
Tetanus (DT, DTaP, Td or Tdap)		

Tuberculin Test Type: \_\_\_\_\_ Year Last Given: \_\_\_\_\_ Result: \_\_\_\_\_  
 Date of Last Physical: \_\_\_\_\_ (MM/DD/YYYY)

**MENTAL, SOCIAL, EMOTIONAL HEALTH: Circle or Check "Yes" or "No" for each statement.**

Has/Does the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes/No
- Take medication for ADD or AD/HD during the school year that the camper does not/may not take during the summer? Yes/No
- Take medication for ADD or AD/HD during the summer? Yes/No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes/No
- During the past 12 months, seen a professional to address mental/emotional health concerns? Yes/No
- Had a significant life event that continues to affect the camper's life? Yes/No  
 (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

**Please explain "Yes" answers on the lines below, noting the number of the questions.** The camp may contact you for additional information. \_\_\_\_\_