

White Oak Christian Camp REGISTRATION FORM

Camper Name _____
Address _____
City _____ Zip _____
Home Phone _____ Sex _____
Grade Entering _____ DOB _____
Email address _____
Parent/Guardian email _____
Parent/Guardian cell _____
Home Church _____
Have you been immersed for the forgiveness of
your sins? Yes No

Mark the camp the camper will attend.

- Acorn Camp**..... \$30
ages 5 & 6
- Seedling Camp** \$45
ages 7 & 8
- Sapling Week** \$135
ages 9, 10 & 11
- Wildwood Week**..... \$135
ages 12, 13 & 14
- Timber Week**..... \$135
ages 15, 16, 17 & 18

REGISTRATION (details on back)

- **\$25 deposit** (non-refundable), made out to White Oak Christian Camp & **completed form** mailed to **Andy Morgan, Treasurer, 807 Daly Drive, Moberly, MO 65270**. Balance due upon arrival at White Oak Christian Camp.
- Online registration available on the website www.whiteoakchristian.org

EARLY BIRD REGISTRATION

If you choose to register campers attending full weeks of camp by May 14, 2017, the tuition cost will be reduced to \$125. **In order to receive the discount, registration must include the \$25 deposit and completed form postmarked or received by the treasurer on or before May 14.**

REGISTRATION DETAILS

Location. Registration for camp sessions will take place at the chapel (building on the north side of the property) where there is more room. Please be mindful of others when parking. Registration will NOT start until 4:00 p.m. for full weeks so please plan your arrival accordingly.

Age Divisions. The ages listed for each camp session are the ages the campers will attain by July 1, 2017. Permission must be granted by the camp dean for any exception to the posted ages.

Additional Costs. In addition to the camp tuition fee, money is collected at registration for missions and canteen. Both of these items are optional. Each camp session has a mission project and/or missionary the students will learn about and to which they may contribute. Each session of camp also has times when the canteen (snack shop) is open and campers may purchase drinks and snacks. Specific details on either of these items may be obtained from the appropriate camp dean. Money is collected at registration to prevent theft or loss.

Medicine. Any medicine, even non-prescription, must be labeled and given to the nurse at registration. The nurse will dispense and track all medications for the safety of all campers.

Needed to complete registration.

- Completed form (if not sent in with pre-registration money)
- Remaining money owed for registration
- Verification and/or a check from your church if they are paying for a portion of the registration
- Money for missions and/or canteen
- Medicine, labeled and ready for the nurse

Contact Information:

If you would like to send your child a letter or package during camp, please address it as follows:

Camper Name
White Oak Christian Camp
521 West Urbandale Drive
Moberly, MO 65270

The dean's phone is listed in this brochure for your convenience. Campers may not receive calls or use any phone without permission from the dean.


Check-In Policy:

Any visitors to camp must check in with the dean(s) when arriving and when leaving. Visitors will be expected to abide by the camp rules while on the premises. If you find it necessary to pick up your child for a doctor's appointment or ballgame, you must check in with the dean(s) both when retrieving your camper and when returning them.

Thank you for helping us make WOCC a safe and secure place for children.



JESUS CHRIST
IS THE SAME
YESTERDAY
AND TODAY
AND FOREVER.
HEBREWS 13:8

 **White Oak Christian Camp**
Moberly, MO
www.whiteoakchristian.org
#WOCC2017

WHITE OAK CHRISTIAN CAMP 2017 SCHEDULE

May 13 Camp Work Day

- Work begins at 9:00 a.m.
- Coordinators Cheryl Botkins, 660.676.2795 and Aaron Black

June 9 & 10 Seedling Camp

- campers ages 7 & 8
- registration begins Friday at 4:00 p.m.
- closing at 6:00 p.m. on Saturday
- Deans Shawn & Liz Beal, 573.239.5681

June 11—16 Sapling Week

- campers ages 9—11
- registration begins Sunday at 4:00 p.m.
- closing at 11:00 a.m. on Friday
- Dean Justin Colvin, 660.415.7644

June 18—23 Wildwood Week

- campers ages 12—14
- registration begins Sunday at 4:00 p.m.
- closing at 11:00 a.m. on Friday
- Dean Trent Schake, 573.999.6449 and Dean Kendall Noe, 573.999.0208

June 24 Acorn Day

- campers ages 5 & 6
- registration begins at 8:30 a.m.
- closing at 3:00 p.m.
- Dean Levi Iman, 573.473.8201
- Dean Mike Miller, 573.581.6888

June 25—30 Timber Week

- campers ages 15—18
- registration begins Sunday at 4:00 p.m.
- closing at 11:00 a.m. on Friday
- Dean Allen Todd, 660.263.4168
- Dean Lori Garrett

Sept 10 Camp Celebration

- all ages welcome
- potluck meal begins at 4:30 p.m.
- service begins at 6:00 p.m.
- Coordinator Trent Schake, 573.999.6449

Participating in WOCC assumes permission for WOCC to use unnamed photos for publicity purposes. If this is not acceptable, please inform the dean.

Please bring to camp . . .

- Bible
- Paper & pen/pencil
- Play clothes
- Tennis shoes
- Swimsuit (no midriff showing)
- Swim/water shoes
- Rain gear
- Toiletry items, towels, wash cloth
- Sleeping bag & pillow
- Mattress cover/fitted sheet
- Medications & medical instructions, *must be held and administered by camp nurse*
- Money for missions and canteen
- Fishing poles & tackle may be brought and stored in the dean's cabin



Please leave at home* . . .

- Clothes which show underwear (i.e. tank tops, spaghetti straps or saggy pants)
- Short shorts
- Radios, iPods, computers, video games or any other electronic entertainment device
- Cell phones
- Food and drink
- Magazines
- Fireworks
- Firearms or weapons of any kind

***If brought to camp, the above items will be confiscated by the dean and will be returned to the parents at the end of the camp.**



Please use ink on the registration form.

White Oak Christian Camp HEALTH FORM

Camper's Name _____
Date of Birth _____
Date of last Tetanus _____
Allergies to Drugs or Food _____

Any special medical or pertinent information

EMERGENCY NUMBERS

_____	Emergency # _____
Father/Guardian	Emergency # _____
_____	Emergency # _____
Mother/Guardian	Emergency # _____
_____	Phone # _____
Family Physician	Phone # _____
_____	Phone # _____
Insurance Company	Phone # _____
_____	Insurance Policy # _____

CONSENT TO TREAT A MINOR

I/we, the undersigned parent(s)/guardian(s) of (camper) _____ a minor, hereby authorize and consent to any first aid, medication, medical treatment or surgery for said minor, deemed necessary or advisable by any emergency unit, hospital, doctor, nurse, dentist or other medical practitioner located in said State, County, or elsewhere. If possible, before treatment, I request a reasonable effort to contact me at the phone number(s) listed above. This consent shall be valid so long as said child is a minor and can be revoked only in a writing delivered personally or by certified mail to Moberly Regional Medical Center, P. O. Box 3000, Moberly, MO 65270. Any copy or facsimile of this consent shall be valid as an original.

Date ___/___/___

Parent(s)/Guardian(s) signature

Address of Parent(s)/Guardians(s)

ATTENTION: White Oak Christian Camp is **not** a handicapped accessible facility due to the rustic nature of the camp and terrain and to the rustic sanitary facilities of camp. White Oak Camp may make final decisions regarding admitting special needs or handicapped campers on a case-by-case basis. Please contact the appropriate dean immediately for more information. Thank you!