

# All God's Children Camp

Nov. 1-3, 2019

For Children of Incarcerated Parents



Lots of Yummy Food!



Games, Games, Games!

"We all loved the things you donated to the camp. I was very pleased when I found out that I got to keep the sleeping bag, and toothpaste, and shampoo, and stuff. Thank you for everything. Mila"

- An exceptional experience for children of incarcerated parents!
- An intentional effort of churches and individuals to give these children a special time of love and affirmation while a parent cannot be with them.
- And its fun! And its nearly free!



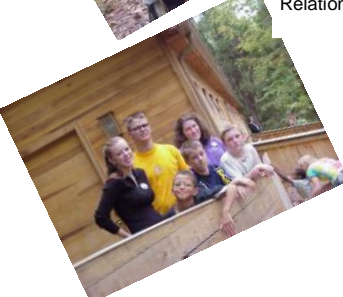
Friendships and Relationships



Halloween- getting the gunk out



Nature



Affirmation & S-mores



A celebration of Everyone!

Send Your Child to Camp  
It Makes a Difference!



Learning to go from mad to glad!



Releasing hurts; concerns to God. New Beginnings!



Belonging to God The I Love You Sign!

"It was wonderful there. I wanted to stay there."  
Garrett

## Week-end camp for children grades 2-6 (sorry, no exceptions)

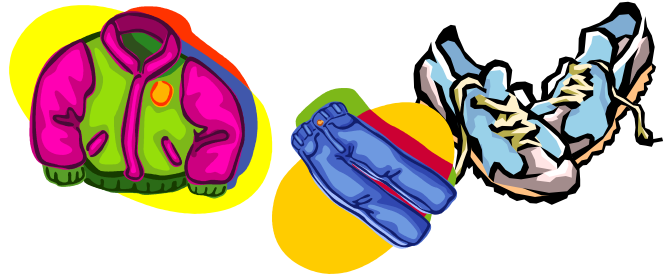
### November 1-3 2019 at Camp Overlook

near Harrisonburg, VA

Arrival time is Friday evening at 6:00 p.m. Departure is by 2:00 p.m. Sunday.

#### Camper needs:

3 changes of play clothes,  
socks & underwear, pajamas  
jacket, tennis shoes...  
daily medications if needed  
\$5.00 registration fee!



**6 meals & camping supplies will be provided** (including dinner on Friday!)

*If you or your spouse are currently incarcerated, or if you are the guardian, and have a child in the 2nd through 6th grade, you may give them this fun and supportive weekend for almost no expense to you.*

Thanks to dozens of generous individuals and church groups, supporting funds, sleeping bags, pillows, towels, and toiletries are provided for each child. Additionally, special treats including T-shirts, animal puppets, bubbles, Christmas stockings, water bottles, colored markers and a host of other surprises are given. \$145 is raised to cover the expenses of the camper, their mentor, and a portion of the resource leaders. The camper's family pays only **\$5.00** for their **children** to participate in the fall program, and only \$10 for their children to participate in the subsequent summer program.

The Camp office must receive camper registration forms by **October. 18, 2019**  
Openings are filled on a first come, first served basis.

Experiences are designed to:

- help children grow in self-esteem
- sort through confusing feelings
- realize they are special in God's eyes and experience that through love and support of volunteer mentors
- And of course, the weekend is fun with lots of good stuff and surprises!

Travel Directions to Overlook:

From South- I-81 exit 251 (North of Harrisonburg)  
North on US 11 (5 miles) to Fellowship Rd.  
Right on Fellowship (1 mile)  
Left on Indian Trail Rd. (1/4 mile)  
Right on Fridley Gap Rd. (4 miles)  
Right on Armentrout Path (1/4 mile)  
Left on Airey Lane (1/4 mile)  
Right into Overlook's North Gate Entrance  
From North- I-81 exit 257  
South on US 11 (3 miles) to Lacey Spring  
Right on Martz Rd. (6 miles)  
Right on Mtn. Valley Rd. (2 miles)  
Left on Armentrout Path (1/4 mile)  
Left on Airey Lane (1/4 mile)  
Right into Overlook's North Gate Entrance

*20 minutes driving time from Harrisonburg*

This camp is made possible from contributions by *the Area United Methodist Church*  
The only cost to campers is a **\$5 registration fee per family** due at time of application.

**Overlook Retreat & Camp Ministries**  
3014 Camp Overlook Lane  
Keezletown, VA 22832



**Phone: (540)269-2267**  
**CampOverlook@gmail.com**  
**www.CampOverlook.org**



# All God's Children

Camper's Name \_\_\_\_\_ Male  Female

Birth Date \_\_\_/\_\_\_/\_\_\_ Circle Current Grade 2 3 4 5 6 Height \_\_\_\_\_ Weight \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ 1. Phone \_\_\_\_\_

Address \_\_\_\_\_ 2. Emergency Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

(If other than above)

Parent's Name \_\_\_\_\_ 1. Phone \_\_\_\_\_

Address \_\_\_\_\_ 2. Emerg. Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Camper Attends (optional) \_\_\_\_\_

School Counselor's name and phone (optional) \_\_\_\_\_

Church Camper Attends (optional) \_\_\_\_\_

Important or helpful information (allergies, fears, restrictions, etc.)

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*\*\*This program is meant to be a one-time experience. Campers who have previously attended our fall program, may not attend again. However, once they have been with us for the November retreat, they will continue to receive scholarships to our summer camp as long as they have an incarcerated parent.*

In signing this application, I certify that this child is in good health and may participate in ordinary camping activities except as noted above. I give permission to the officials of the camp to act in any emergency. In case of surgical emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant. Should it become necessary for the participant to return home because of illness or other reason, I will abide by the camp leader's decision and provide transportation. I also give the camp permission to use pictures including the participant in camp publicity.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(See Reverse Side for Medical Information)**



**Camper's Name** \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

**Schedule of Medication Dosages**

B = Breakfast 8:00 L= Lunch 12:15 S = Supper 6:00 N = Bedtime 9:30

After recording prescription and dosage place a large circle under each day at appropriate time.

Medication Name	Dosage	Friday				Saturday				Sunday	
		B	L	S	N	B	L	S	N	B	L
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Other Concerns:** (Food, Insect, Medicine allergies, Physical Limitations/concerns)

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**Signature of guardian/parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Completed at Camp Overlook**  
 Housing Unit \_\_\_\_\_ Mentor's Name \_\_\_\_\_

