

Frequently Asked Questions

Q: *When does camp begin?*

- A: All camps (except Primary): Sunday at 4:30 p.m.
Primary: Tuesday at 4:30pm
No supervision will be provided for children who arrive early. We are cleaning camp!

Q: *When does camp end?*

- A: Primary Camp - Thursday at 6:30 p.m.
All other camps - Friday at 10:00 a.m.

Q: *Are campers served dinner after registration?*

- A: Yes!

Q: *What is a family discount?*

- A: If you have more than one child attending camp this summer, the first child is regular price, second is \$5 off, third is \$10 off, fourth or more is \$15 off.

Q: *How do I send a letter to someone at camp?*

- A: Note: mail takes about 5 days to arrive
Camper's Name
c/o Mountain Meadows Bible Camp
7100 Arrowhead Road
Shingletown, CA 96088

Q: *May I call my camper? May my camper call me?*

- A: **Only** in the event of an emergency; director or camp nurse will initiate the call home for clear communication.

Q: *What is the weather like?*

- A: Mt. Meadows is located at 4,300 feet in elevation and has warm days, very cool nights, and occasional rain.

Q: *What DO I bring?*

- A: Bible, notebook, pen, warm sleeping bag, clothes for warm days & cool nights, swimsuit (girls—one piece), towels (beach & bath), extra shoes (including closed-toe), flashlight.

Q: *What DON'T I bring?*

- A: Cell Phone or any Electronic Game Devices or weapons of any kind.

Q: *Can I send medications with my child?*

- A: All medications brought to camp **must be turned in to camp administration in their original containers** for safe-keeping and distribution. All medications will be given by the camp nurse according to the doctor's label or **signed** instructions from the legal guardian. Over-the-counter medications listed on the back are available and will be given as symptoms warrant.

Mountain Meadows Bible Camp

Summer 2021



Philippians 4:10-13

*A Ministry of
Shasta Christian Youth, Inc.
P.O. Box 494591
Redding, CA 96049*

Registrar: Erinn Pack (530) 513-2125

Redding Office: (530) 722-9961
Camp: (530) 474-3143
Director: Paul Wiens

www.ShastaChristianYouth.org

Summer Camp Schedule

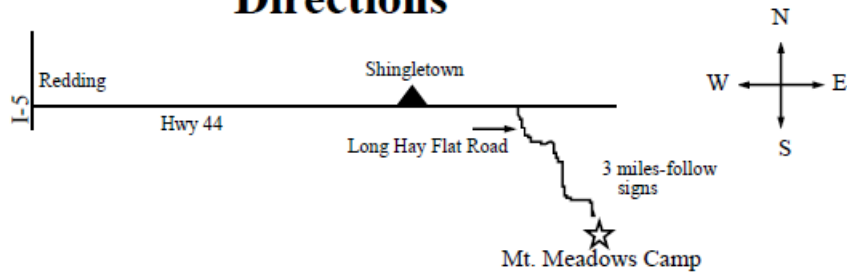
Registration for all camps (except Primary) begin Sunday at 4:30 p.m.
Primary Camp begins Tuesday at 4:30 p.m. & ends Thursday at 6:30 p.m.
All other camps end Friday at 10:00 a.m.



Primary	<i>For kids entering grades 1-3 Registration begins Tuesday at 4:30 p.m. Camp ends Thursday at 6:30 p.m.</i>	July 6 - 8	\$95.00
Junior I	<i>For kids entering grades 4-6</i>	June 20 - 25	\$165.00
Junior II	<i>For kids entering grades 4-6</i>	June 27-July 2	\$165.00
Junior High	<i>For tweens entering grades 7-8</i>	July 11-16	\$165.00
High School	<i>For teens entering grades 9-12 Focuses on spiritual growth. Come ready to be challenged and convicted in your relationship with your Lord Jesus Christ.</i>	July 18-23	\$180.00
Discipleship	<i>Usually an off-site service project for Jr-Sr's in HS and college-age campers. This year we will stay on-site to invest time in camp itself and in God's Word!</i>	July 25 - 28	\$110.00

Please drive slowly past neighbors on Long Hay Flat Road

Directions



Registrar: Erinn Pack · (530) 513-2125
Program Directors: Felipe & Molly Gonzalez · (530) 515-7302
Camp Director: Paul Wiens · (530) 722-9961

Cut on dotted line and Mail With Payment

Please do not write outside dotted line

Please do not write above this line. For office use only.

Camp Registration Form

Camp (circle one): Primary I Junior I Junior II Jr. High High School Discipleship

Please check this box if entering senior year in high school []

Camper Name Birthdate (mm/dd/yy)

M/F

Age Grade Entering Gender ONE Cabin Buddy Request (no guarantee)

Parent Name Email Address

Street Address City State Zip Code

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Home Phone Work Phone Cell Phone

Home Church

Secondary Emergency Contact (if unable to reach parents):

()

Name Relationship Phone

PHOTO CONSENT: Mountain Meadows Bible Camp uses pictures from the week to make DVD's of slide shows and may use pictures in printed/web publications. Your registration constitutes permission for Mountain Meadows Bible Camp to use images for those purposes. A written statement must be on file if you do not give consent.

Authorization of Treatment

I certify that I am the parent/guardian of _____

I/We (parent/guardian) do hereby authorize Mountain Meadows Bible Camp as agents for the undersigned to administer my child's prescribed and over the counter medications as indicated by a physician and/or myself. I further consent to any x-ray examinations, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff or licensed hospital. I understand that every effort will be made to contact me in the event of an emergency.

Signature of Parent/Guardian

Date

Cut on dotted line and Mail With Payment

Please do not Write outside dotted line

Medical/Health History
Confidential

Personal Health and Accident Insurance	
Policy Number	
Personal Physician	
Physician Phone Number	
Mt. Meadows accidental insurance is a secondary coverage. In the event of an accident, your insurance will be billed first.	

Please check YES or NO on the following

	YES	NO
Able to Swim -----	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations current -----	<input type="checkbox"/>	<input type="checkbox"/>
Date of last Tetanus Vaccine -----		
Any activity restrictions for medical reasons?*-	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to food/medicine*-	<input type="checkbox"/>	<input type="checkbox"/>
Special Dietary Needs*-	<input type="checkbox"/>	<input type="checkbox"/>
Condition requiring medication*-	<input type="checkbox"/>	<input type="checkbox"/>

*If yes to these questions above, please include attachment with further explanation of needs.

Health History: Circle those that apply
 Diabetes Anaphylaxis Frequent Urination
 Asthma Iodine allergy Heart Problems
 Ear Infections Epilepsy/Seizures Other:

Occasionally, it is necessary to provide campers with over the counter medications when they are at camp. Please circle below to indicate whether you give permission for the listed medication to be administered by qualified camp staff. We will not administer any medication without this authorization.

Please circle YES or NO for each medication.

Allergies		Indigestion	
Y	N	Y	N
Benadryl		Tums	
Y	N	Y	N
Loratadine		Pepto (>12 y.o. only)	
Pain / Fever		Rash / Itching	
Y	N	Y	N
Tylenol		Cortisone cream	
Y	N	Y	N
Ibuprofen		Caladryl lotion	

ALL MEDICATIONS and PRESCRIPTIONS MUST:
 1. Be in the original container.
 2. Have a note with HOW, WHEN, and WHY to administer which is SIGNED by the legal guardian.

OFFICE USE ONLY
 Recent exposure to infections?
 Wellness check?
 Feeling sick?
 Medications?

Payment Details

Register Early to Guarantee Acceptance!

Unless you get a phone call from Shasta Christian Youth, your registration is confirmed. **Deposit (non-refundable) is required with your registration form!**

Payment Worksheet

Camp Cost	\$
Snack Bar (optional) \$10 max (Primary camp \$5 max)	\$
T-Shirt (optional) \$15	\$
Hat (optional) \$15	\$
Total Amount Due**	\$
Family Discount	\$
Donation to camp to help keep camper fees low	\$
TOTAL ENCLOSED (\$50 Deposit Minimum)	\$
Balance Due Upon Arrival**	\$

**Please list amount and source of all scholarships that will be applied to your payment (if applicable).

Important - Scholarship money must accompany this form

Scholarship Source	
Scholarship Amount	\$

Payment Methods

- Pre-registration**-Payment IN FULL (preferred) or \$50 non-refundable deposit with check or cash guarantees camper's placement.
- At-camp registration**-Pay IN FULL with check or cash when you come to camp (no guarantee of acceptance! Call for availability!)

Checks Payable To:

Shasta Christian Youth, Inc.

Payment Address:
 (Please send form and deposit to)
 Mountain Meadows Camp Registrar
 P.O. Box 494591
 Redding, CA 96049

www.ShastaChristianYouth.org